| Fill in this information to identify your case: |  |                                      |
|---|--|--------------------------------------|
| United States Bankruptcy Court for the :        |  |                                      |
| NORTHERN District of ILLINOIS (State)           |  |                                      |
| Case Number (If known):                         | Chapter you are filing under:  Chapter 7  Chapter 11  Chapter 12  Chapter 13 | ☐ Check if this is an amended filing |

### Official Form 101

## **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together-called a joint case-and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | Identify Yourself  |                             |   |
|----|--|-----------------------------|---|
|    |  | About Debtor 1:             | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name   |                             |   |
|    | Write the name that is on your government-issued picture identification (for example, your driver's license or | Lewis First name Henry      | Joyce<br>First name<br>Elaine                 |
|    | passport).   | Middle name                 | Middle name                                   |
|    | Bring your picture identification to your meeting with the trustee.  | <u>Dammann</u><br>Last name | Dammann<br>Last name                          |
|    |  | Suffix (Sr., Jr., II, III)  | Suffix (Sr., Jr., II, III)                    |
| 2. | All other names you  |                             |   |
|    | have used in the last 8 years  | First name                  | First name                                    |
|    | Include your married or maiden names.  | Middle name                 | Middle name                                   |
|    |  | Last name                   | Last name                                     |
|    |  | First name                  | First name                                    |
|    |  | Middle name                 | Middle name                                   |
|    |  | Last name                   | Last name                                     |
| 3. | Only the last 4 digits of your Social Security   | xxx - xx - <u>7347</u>      | xxx - xx - <u>8456</u>                        |
|    | number or federal<br>Individual Taxpayer   | OR                          | OR  |
|    | Identification number  | 9xx - xx                    | <b>9</b> xx - xx                              |

Case 15-83070 Doc 1 Entered 12/11/15 13:08:10 Desc Main Filed 12/11/15 Page 2 of 57

Document Lewis Henry Case Number (if known) \_ Debtor 1 First Name Middle Name Last Name

|    |  | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):   |  |  |  |  |  |
|----|--|---|---|--|--|--|--|--|
| 4. | Any business names<br>and Employer<br>Identification Numbers | I have not used any business names or EINs.   | I have not used any business names or EINs.   |  |  |  |  |  |
|    | (EIN) you have used in the last 8 years                      | Business name   | Business name   |  |  |  |  |  |
|    | Include trade names and doing business as names              | Business name   | Business name   |  |  |  |  |  |
|    | <b>3</b>   | <u></u>   | EIN — - — — — — — —   |  |  |  |  |  |
|    |  | EIN   | EIN   |  |  |  |  |  |
| 5. | Where you live   |   | If Debtor 2 lives at a different address:   |  |  |  |  |  |
|    |  | 3134 Vinton Ave<br>Number Street  | Number Street   |  |  |  |  |  |
|    |  | Rockford         IL         61101           City         State         ZIP Code   | City State ZIP Code   |  |  |  |  |  |
|    |  | WINNEBAGO   | County  |  |  |  |  |  |
|    |  | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from the one above, fill it in here. Note that the court will send any notices this mailing address. |  |  |  |  |  |
|    |  | Number Street   | Number Street   |  |  |  |  |  |
|    |  | P.O. Box  | P.O. Box  |  |  |  |  |  |
|    |  | City State ZIP Code   | City State ZIP Code   |  |  |  |  |  |
| 6. | Why you are choosing this district to file for               | Check one:  | Check one:  |  |  |  |  |  |
|    | bankruptcy.  | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                            |  |  |  |  |  |
|    |  | have another reason. Explain. (See 28 U.S.C. § 1408   | ☐I have another reason. Explain.<br>(See 28 U.S.C. § 1408   |  |  |  |  |  |
|    |  |   |   |  |  |  |  |  |
|    |  |   |   |  |  |  |  |  |
|    |  |   |   |  |  |  |  |  |

Case 15-83070 Doc 1 Entered 12/11/15 13:08:10 Desc Main Filed 12/11/15 Page 3 of 57

Document Case Number (if known) \_ Lewis Henry Debtor 1 First Name Middle Name Last Name

| Pa  | Tell the Court About You  | r Bankruptcy  | Case   |  |  |  |  |  |
|-----|---|---|--|--|--|--|--|--|
| 7.  | The chapter of the<br>Bankruptcy Code you                           |   | •  |  | required by 11 U.S.C. § 342(b) for Individuals page 1 and check the appropriate box.   |  |  |  |
|     | are choosing to file<br>under                                       | ■ Chapter 7   |  |  |  |  |  |  |
|     | under   | ☐ Chap  | ter 11   |  |  |  |  |  |
|     |   | ☐ Chap  | ter 12   |  |  |  |  |  |
|     |   | ☐ Chap  | oter 13  |  |  |  |  |  |
| 8.  | How you will pay the fee  | <ul> <li>I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.</li> <li>☐ I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A).</li> </ul> |  |  |  |  |  |  |
|     |   |   |  |  |  |  |  |  |
|     |   | By la<br>less<br>pay t  | w, a judge may, but<br>than 150% of the off<br>he fee in installment | is not required to, wai<br>icial poverty line that a<br>s). If you choose this | est this option only if you are filing for Chapter 7. we your fee, and may do so only if your income is applies to your family size and you are unable to option, you must fill out the <i>Application to Have the</i> BB) and file it with your petition. |  |  |  |
| 9.  | Have you filed for<br>bankruptcy within the<br>last 8 years?        | ■ No  | District None  | When   | _ Case Number  |  |  |  |
|     | lust o yours.   | ☐ . ss.   | <u> </u>   |  | MM / DD / YYYY   |  |  |  |
|     |   |   | District None  | When   | Case Number  |  |  |  |
|     |   |   | District   | When _   | Case Number  |  |  |  |
| 10. | Are any bankruptcy  | ■ No  |  |  |  |  |  |  |
|     | cases pending or being filed by a spouse who is                     | ☐ Yes.  | Debtor   |  | Relationship to you  |  |  |  |
|     | not filing this case with<br>you, or by a business<br>parter, or by |   |  |  | Case Number, if known  |  |  |  |
|     | affiliate?  |   | Debtor   |  | Relationship to you  |  |  |  |
|     |   |   | District   |  | Case Number, if known  |  |  |  |
|     |   |   |  |  | MM / DD / YYYY   |  |  |  |
| 11. | Do you rent your residence?   | ■ No.<br>□ Yes.   | Go to line 12<br>Has your landlord ob<br>residence?                  | tained an eviction judgmo  | ent against you and do you want to stay in your  |  |  |  |
|     |   |   | ☐ No. Go to line 1☐ Yes. Fill out <i>Init</i> this bankruptcy        | tial Statement About an E  | Eviction Judgment Against You (Form 101A) and file it with   |  |  |  |

Case 15-83070 Filed 12/11/15 Entered 12/11/15 13:08:10 Doc 1 Desc Main

Last Name

Document Lewis Henry Middle Name

Debtor 1

First Name

Page 4 of 57 Case Number (if known) \_

| 2.  | Are you a sole proprietor of any full- or part-time business?   | ■ No.<br>□ Yes. | Go to Part 4.  Name and location of b  | usiness         |                       |           |           |          |
|-----|---|-----------------|--|-----------------|-----------------------|-----------|-----------|----------|
|     | A sole proprietorship is a<br>business you operate as an<br>individual, and is not a<br>separate legal entity such as             |                 | Name of business, if any   |                 |                       |           |           |          |
|     | a corporation, partnerhsip, or<br>LLC.<br>If you have more than one<br>sole proprietorship, use a<br>separate sheed and attach it |                 | Number Street  |                 |                       |           |           |          |
|     | to this petition.   |                 | City   |                 |                       | Sta       | ite       | Zip Code |
|     |   |                 | Check the appropriate  | box to descrik  | ne your business:     |           |           |          |
|     |   |                 | ☐ Health Care Busi   | ness (as defin  | ed in 11 U.S.C. § 101 | 1(27A))   |           |          |
|     |   |                 | ☐ Single Asset Rea   | l Estate (as de | efined in 11 U.S.C. § | 101(51B)) |           |          |
|     |   |                 | ☐ Stockbroker (as o  | lefined in 11 L | J.S.C. § 101(53A))    |           |           |          |
|     |   |                 | ☐ Commodity Broke  | er (as defined  | in 11 U.S.C. § 101(6) | ))        |           |          |
|     |   |                 | ☐ None of the abov   | е               |                       |           |           |          |
|     | are you a small business debtor? For a definition of small business debtor, see 11 U.S.C. § 101(51D).                             | □ No. I         | am not filing under Chapter the Bankruptcy Code.  I am filing under Chapter Bankruptcy Code. | 11, but I am N  |                       |           |           |          |
| Par | 4: Report if You Own or Ha  | ve Anv Hazard   | ous Property or Any Prop   | ertv That Nee   | ds Immediate Attentic | on.       |           |          |
|     |   | _               | ,  |                 |                       | <u></u>   |           |          |
| 4.  | Do you own or have any property that poses or is  | No.             |  |                 |                       |           |           |          |
|     | alleged to pose a threat<br>of imminent and<br>indentifiable hazard to  | ∐ Yes. ¹        | What is the hazard?  |                 |                       |           |           |          |
|     | public health or safety?  |                 |  |                 |                       |           |           |          |
|     | Or do you own any property that needs immediate attention?  |                 | If immediate attention is  | needed, why     | is it needed?         |           |           |          |
|     | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?                 |                 |  |                 |                       |           |           |          |
|     |   |                 | Where is the property?   |                 |                       |           |           |          |
|     |   |                 | , -  | Number          | Street                |           |           |          |
|     |   |                 |  |                 |                       |           |           |          |
|     |   |                 |  | City            |                       |           | <br>State | ZIP Code |
|     |   |                 |  |                 |                       |           |           |          |

Case 15-83070 Doc 1 Filed 12/11/15 Entered 12/11/15 13:08:10 Desc Main

Debtor 1

Lewis Henry Document Dammann

Page 5 of 57

Case Number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Middle Name

Tell the court whether you have received a briefing about credit counseling.

First Name

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any,

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing abou |
|--|
| credit counseling because of:                |

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me

> to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

#### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. approved You must file a certificate from the agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing abou | ιt |
|--|----|
| credit counseling because of:                |    |

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me

> to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. Case 15-83070 Doc 1 Filed 12/11/15 Entered 12/11/15 13:08:10 Desc Main

Debtor 1 Lewis Henry Dammann Page 6 of 57

Case Number (if known)

Last Name

| Part | Answer These Questions  | for Reporting Purposes   |  |  |  |  |  |  |
|------|---|--|--|--|--|--|--|--|
|      | What kind of debts do<br>you have?  | <ul> <li>16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."</li> <li>No. Go to line 16b.</li> <li>Yes. Go to line 17.</li> <li>16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.</li> <li>No. Go to line 16c.</li> <li>Yes. Go to line 17.</li> </ul> |  |  |  |  |  |  |
|      |   |  |  |  |  |  |  |  |
|      |   |  |  |  |  |  |  |  |
|      |   |  |  |  |  |  |  |  |
|      |   | 16c. State the type of debts you o   | we that are not consumer debts or business d   | ebts.  |  |  |  |  |
|      | Are you filing under<br>Chapter 7?  | No. I am not filing under Ch   | napter 7. Go to line 18.   |  |  |  |  |  |
| ı    | Do you estimate that after any exempt property is   |  | er 7. Do you estimate that after any exempt possers are paid that funds will be available to distrib |  |  |  |  |  |
| •    | excluded and  | No.  |  |  |  |  |  |  |
| i    | administrative expenses<br>are paid that funds will be<br>available for distribution<br>to unsecured creditors? | ∏Yes.  |  |  |  |  |  |  |
|      | How many creditors do   | ■ 1-49   | 1,000-5,000  | 25,001-50,000  |  |  |  |  |
|      | you estimate that you<br>owe?   | ☐ 50-99<br>☐ 100-199   | ☐ 5,001-10,000<br>☐ 10,001-25,000  | ☐ 50,001-100,000<br>☐ More than 100,000                      |  |  |  |  |
|      |   | 200-999  | ,  |  |  |  |  |  |
|      | How much do you   | \$0-\$50,000   | \$1,000,001-\$10 million   | \$500,000,001-\$1 billion                                    |  |  |  |  |
|      | estimate your assets to be worth?   | \$50,001-\$100,000<br>\$100,001-\$500,000  | \$10,000,001-\$50 million<br>\$50,000,001-\$100 million  | □\$1,000,000,001-\$10 billion □\$10,000,000,001-\$50 billion |  |  |  |  |
|      |   | \$500,001-\$1 million  | \$100,000,001-\$500 million  | ☐More than \$50 billion                                      |  |  |  |  |
| . 1  | How much do you   | \$0-\$50,000   | ☐ \$1,000,001-\$10 million   | □\$500,000,001-\$1 billion                                   |  |  |  |  |
|      | estimate your liabilities   | <b>\$50,001-\$100,000</b>  | □ \$10,000,001-\$50 million  | □\$1,000,000,001-\$10 billion                                |  |  |  |  |
| 1    | to be?  | \$100,001-\$500,000  | \$50,000,001-\$100 million   | \$10,000,000,001-\$50 billion                                |  |  |  |  |
| art  | 7. Simp Balavi  | ☐ \$500,001-\$1 million  | ☐ \$100,000,001-\$500 million  | ☐ More than \$50 billion                                     |  |  |  |  |
| or y |   | I have examined this petition, and correct.  | I declare under penalty of perjury that the info   | rmation provided is true and                                 |  |  |  |  |
|      |   | If I have chosen to file under Chap  | ter 7, I am aware that I may proceed, if eligible nderstand the relief available under each chap     | •                      |  |  |  |  |
|      |   | If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).   |  |  |  |  |  |  |
|      |   | I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.   |  |  |  |  |  |  |
|      |   | I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.  18 U.S.C. §§ 152, 1341, 1519, and 3571.  |  |  |  |  |  |  |
|      |   | /s/ Lewis Henry Dammar Signature of Debtor 1   |  | byce Elaine Dammann<br>ture of Debtor 2                      |  |  |  |  |
|      |   | Executed on _ 12/07/2015   | _  | ted on12/07/2015   |  |  |  |  |

First Name

Middle Name

Case 15-83070 Doc 1 Filed 12/11/15 Entered 12/11/15 13:08:10 Desc Main Document Page 7 of 57

| Debtor 1  | Lewis  | Henry  | Dammann Page 1   | Case Number (if kr   | nown)  |
|---|--|--|--|--|--|
|   | First Name   | Middle Name                                    | Last Name  |  |  |
| represe<br>if you a                                   | r attorney, if you are<br>inted by one<br>re not represented | to proceed und available under the notice requ | for the debtor(s) named in this petition, do er Chapter 7, 11, 12, or 13 of title 11, Un each chapter for which the person is eligited by 11 U.S.C. § 342(b) and, in a case or an inquiry that the information in the sc | ited States Code, and have<br>gible. I also certify that I ha<br>in which § 707(b)(4)(D) a | e explained the relief<br>ave delivered to the debtor(s)<br>pplies, certify that I have no |
| by an attorney, you do not<br>need to file this page. |  | 4.0  | /s/ Daniel Fasman  |  | Date: 12/10/2015   |
|   | me ame page.   | Signature                                      | /s/ Daniel Fasman e of Attorney for Debtor   | Date   | MM / DD / YYYY   |
|   |  | Firm nam                                       | Law L.L.C.<br>ne<br>lonroe St., #3400  |  |  |
|   |  | Chicago  | )  | IL   | 60603  |
|   |  | City   |  | State  | ZIP Code   |
|   |  | Contact F                                      | Phone 312-332-1800   | Email ad   | ddress ndil@geracilaw.com  |
|   |  | 630778   | 6  |  | IL   |

State

Bar number

Case 15-83070 Doc 1 Filed 12/11/15 Entered 12/11/15 13:08:10 Desc Main Document Page 8 of 57

| Debtor 1                  | Lewis      | Henry                                | Dammann             |
|---------------------------|------------|--------------------------------------|---------------------|
|                           | First Name | Middle Name                          | Last Name           |
| Debtor 2                  | Joyce      | Elaine                               | Dammann             |
| (Spouse, if filing)       | First Name | Middle Name                          | Last Name           |
| United States Case Number |            | or the : <u>NORTHERN</u> District of | ILLINOIS<br>(State) |

Check if this is an amended filing

## Official Form 106Sum

#### **Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

| Summarize Your Assets  |                                   |
|--|-----------------------------------|
|  | Your assets Value of what you own |
| Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B  | \$ 55,570                         |
| 1b. Copy line 62, Total personal property, from <i>Schedule A/B</i>  | \$ 15,670                         |
| 1c. Copy line 63, Total of all property on Schedule A/B  | \$ 71,240                         |
| Summarize Your Liabilities   | Your liabilities                  |
| Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)   | Amount you owe                    |
| 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D   | \$78,480                          |
|  |                                   |
| Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$0                               |
| Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$0<br>\$37,780                   |
| 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F   |                                   |
| 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F   |                                   |
| 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>  |                                   |

Case 15-83070 Doc 1 Filed 12/11/15 Entered 12/11/15 13:08:10 Desc Main Document Page 9 of 57

Debtor 1 Lewis Henry Dammann Case Number (if known)

First Name Middle Name Last Name **EntriesDescription AssetsAmount LiabilitiesAmount Answer These Questions for Administrative and Statistical Records** 6. Are you filing for bankruptcy under Chapter 7, 11 or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. Yes 7. What kind of debt do you have? Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. 8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official \$ 1,245.44 Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. 9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F: Total claim From Part 4 of Schedule E/F, copy the following: \$ 0.00 9a. Domestic support obligations (Copy line 6a.) \$ 0.00 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  $_{0.00}$ 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) 9d. Student loans. (Copy line 6f.) \$ 0.00 9e. Obligations arising out of a separation agreement or divorce that you did not report as \$ 0.00 priority claims. (Copy line 6g.) \$ 0.00 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) \$ 0.00 9g. Total. Add lines 9a through 9f.

|                           | Caso 15 9                   |                 | Doc 1          |  | Entor         | ed 12/11/15          | 13:08:10                  | ) Desc                         | Main                                    |  |
|---------------------------|-----------------------------|-----------------|----------------|--|---------------|----------------------|---------------------------|--------------------------------|---|--|
| Fill in this in           | formation to identify       | your case a     | ind this filin | g:   |               | 0 of 57              |                           |                                |   |  |
| Debtor 1                  | Lewis                       | He              | nry            | Dammann  |               |                      |                           |                                |   |  |
|                           | First Name                  | Middle          | e Name         | Last Name  |               |                      |                           |                                |   |  |
| Debtor 2                  | Joyce                       | Ela             | aine           | Dammann  |               |                      |                           |                                |   |  |
| (Spouse, if filing)       | First Name                  | Middle          | e Name         | Last Name  |               |                      |                           |                                |   |  |
| United States             | Bankruptcy Court for the    | : <u>NORTHE</u> | ERN_ District  | of <u>ILLINOIS</u>                                     |               |                      |                           |                                |   |  |
| Ones Norska               |                             |                 |                | (State)  |               |                      |                           |                                | Check if                                | this is an                               |
| Case Number<br>(If known) |                             |                 |                |  |               |                      |                           | _                              | amended                                 |  |
| Official F                | orm 106A/B                  |                 |                |  |               |                      |                           |                                |   | · ·                                      |
|                           |                             |                 |                |  |               |                      |                           |                                |   |  |
| Schedul                   | e A/B: Prop                 | erty            |                |  |               |                      |                           |                                |   | 12/15                                    |
| rait ii                   |                             |                 |                | her Real Esate You Own or Hav                          |               |                      |                           |                                |   |  |
| Yes.                      | Describe                    |                 |                |  |               |                      |                           |                                |   |  |
|                           |                             |                 |                | What is the property? Chec                             | k all that ap | ply.                 |                           | uct secured clair              |   |  |
| 3134 Vint                 | on Ave                      |                 |                | Single-family home                                     |               |                      |                           | of any secured Who Have Claims |   |  |
| Street addre              | ess, if available, or other | description     |                | Duplex or multi-unit building                          | ng            |                      | orounoro i                | The flate claim                | , | ,, |
|                           |                             |                 |                | Condominium or cooperati                               | ive           |                      | Current va<br>entire prop |                                |   | value of the you own?                    |
|                           |                             |                 |                | Manufactured or mobile ho                              | ome           |                      | entire prop               | Derty :                        | portion                                 | you own:                                 |
| Rockford                  |                             | IL              | 61101          | Land   |               |                      | \$                        | 55,570.00                      | \$                                      | 55,570.00                                |
| City                      |                             | State           | ZIP Code       | Investment property                                    |               |                      |                           |                                |   |  |
|                           |                             |                 |                | Timeshare  |               |                      | Describe t                | he nature of y                 | our owne                                | rship                                    |
| County                    |                             |                 |                | Other  |               |                      | •                         | uch as fee sim                 | •                                       |  |
|                           |                             |                 |                | Who has an interest in the                             | property?     | Check one.           | the entiret               | ies, or a life es              | stat), if kn                            | own.                                     |
|                           |                             |                 |                | Debtor 1 only  |               |                      |                           |                                |   |  |
|                           |                             |                 |                | Debtor 2 only  |               |                      | _                         |                                |   |  |
|                           |                             |                 |                | Debtor 1 and Debtor 2 only                             | у             |                      |                           | if this is a co                | nmunity                                 | property                                 |
|                           |                             |                 |                | At least one of the debtors                            | and anoth     | er                   | (see in                   | structions)                    |   |  |
|                           |                             |                 |                | Other information you wish property identification num |               | oout this item, such | as local                  |                                |   |  |

Official Form 106A/B Record # 668937 Schedule A/B: Property Page 1 of 7

\$55,570.00

2. Add the dollar value of the portion you own for all of your entries fro Part 1, including any entries for pages

you have attached for Part 1. Write that number here ..... -->

Debtor 1

Lewis

Case 15-83070
Doc 1
Filed 12/11/15
Page 11 0 5 5 Page 11 0 5 Page 11

| Make:  Model: Year: Approximate Milea Other information: Tractor  Make:  |  | Unknown  Unknown  2000  0.00  GMC  Envoy  | Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)  Who has an interest in the property? Check one. Debtor 1 only | Current v entire pro | chedule D: Property value of the Pou own?  2,500.00  tions. Put chedule D: |  |                                    |
|--|--|---|--|----------------------|--|--|------------------------------------|
|  | Year:  | 2008  | Debtor 2 only Debtor 1 and Debtor 2 only   |                      | Who Have Claims ralue of the operty?                                       | Current  | value of the                       |
|  | Approximate Mileag Other information:  | ge  | At least one of the debtors and another  | •                    | 7,343.00   | \$   | 7,343.00                           |
|  |  |   | Check if this is community property (see instructions)   |                      |  |  |                                    |
| Exar<br>5. Add th  | mples: Boats, trailers, motor No. Yes. Describe he dollar value of the poave attached for Part 2.  | ertion you own for all of   | ecreational vehicles, other vehicles, and accessories g vessels, snowmobiles, motorcycle accessories  your entries fro Part 2, including any entries for pages   | >                    |  |  | \$ 9,843.00                        |
| 5. Add the you has Part 3:   | mples: Boats, trailers, motor No. Yes. Describe ne dollar value of the poave attached for Part 2.  Describe Your Person  | ertion you own for all of Write that number here  | g vessels, snowmobiles, motorcycle accessories  your entries fro Part 2, including any entries for pages   | >                    | <b>po</b><br>Do  | urrent valuortion you oo not deduct exemptions | e of the                           |
| 5. Add the you have been seen as the your of the your  | mples: Boats, trailers, motor No.  Yes. Describe  ne dollar value of the poave attached for Part 2.  Describe Your Personant or have any legal of the poave attached for Part 2.   | ortion you own for all of Write that number here onal and Household Items   | your entries fro Part 2, including any entries for pages   | >                    | <b>po</b><br>Do  | ortion you o                                   | e of the<br>own?                   |
| 5. Add the you have been seen as the your of the your  | mples: Boats, trailers, motor No. Yes. Describe ne dollar value of the po ave attached for Part 2.  Describe Your Perso own or have any legal or sehold goods and furnis mples: Major appliances, fur No. Yes. Describe        | ertion you own for all of Write that number here onal and Household Items r equitable interest in ar  | your entries fro Part 2, including any entries for pages  s  ny of the following items?  | >                    | <b>po</b><br>Do  | ortion you o                                   | e of the<br>own?                   |
| 5. Add the you have part 3:  Do you of the second of the s | mples: Boats, trailers, motor No. Yes. Describe  the dollar value of the policy are attached for Part 2.  Describe Your Personant or have any legal or seehold goods and furnis mples: Major appliances, fur No. Yes. Describe | ortion you own for all of Write that number here onal and Household Items r equitable interest in ar shings rniture, linens, china, kitchen                               | your entries fro Part 2, including any entries for pages  your of the following items?  ware  digital equipment; computers, printers, scanners; music  | >                    | po<br>Do<br>or   | ortion you o                                   | e of the<br>own?<br>secured claims |
| 5. Add the you have part 3:  Do you of the control  | mples: Boats, trailers, motor No. Yes. Describe ne dollar value of the po ave attached for Part 2.  Describe Your Perso own or have any legal or sehold goods and furnis mples: Major appliances, fur No. Yes. Describe        | ortion you own for all of Write that number here onal and Household Items r equitable interest in ar shings miture, linens, china, kitchen Major appliances, furniture, I | your entries fro Part 2, including any entries for pages  your of the following items?  ware  digital equipment; computers, printers, scanners; music  | >                    | po<br>Do<br>or   | ortion you o                                   | e of the<br>own?<br>secured claims |

0.00

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects;

stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

No.

Yes.

Describe.....

Filed 12/11/15 Document F Case 15-83070 Doc 1 Lewis Debtor 1

First Name Middle Name Entered 12/11/15 13:08:10 Page 12 of 57 humber (if known) Desc Main

| 09. |                                    | t for sports and              |  |       |  |                  |
|-----|------------------------------------|-------------------------------|--|-------|--|------------------|
|     | •                                  |                               | hic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes nusical instruments  |       |  |                  |
|     | Yes.                               | Describe                      |  |       | <b>\$</b>  | 0.00             |
| 10. | Firearms Examples:                 | Pistols, rifles, shot         | guns, ammunition, and related equipment  |       |  |                  |
|     | Yes.                               | Describe                      |  |       | \$   | 0.00             |
| 11. | Clothes Examples: No.              | Everyday clothes,             | furs, leather coats, designer wear, shoes, accessories   |       |  |                  |
|     | Yes.                               | Describe                      | Everyday clothes leather coats, shoes, accessories   | \$100 | \$   | 100.00           |
| 12. | Jewelry Examples: gold, silver No. |                               | costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems,   |       | ,  | 100.0            |
|     | Yes.                               | Describe                      | Everyday jewelry, costume jewelry, wedding rings, watches  | \$100 | <b>s</b>   | 100.00           |
| 13. | Non-farm a Examples: No.           | animals<br>Dogs, cats, birds, | horses   |       | ı •  |                  |
|     | Yes.                               | Describe                      | 1 dog  | \$0   | \$   | 0.00             |
| 14. | Any other No.                      | personal and h                | ousehold items you did not already list, including any health aids you did not list  |       |  |                  |
|     | Yes.                               | Describe                      |  |       |  |                  |
| 15. | Add the do                         | llar value of all             | of your entries from Part 3, including any entries for pages you have attached   |       | \$   | 0.00<br>3,700.00 |
| L   | for Part 3.                        | Write that numl               | per here>  |       |  | 00,700.00        |
| F   | art 4:                             | Describe Your Fi              | nancial Assets   |       |  |                  |
| Do  | you own o                          | r have any lega               | or equitable interest in any of the following?   |       | Current value of the portion you own?  Do not deduct secured or exemptions |                  |
| 16. | Cash<br>Examples:                  | Money you have i              | n your wallet, in your home, in a safe deposit box, and on hand when you file your petition  |       |  |                  |
|     | Yes.                               | Describe                      |  |       | \$   | 0.00             |
| 17. | and other s                        | Checking, savings             | , or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, If you have multiple accounts with the same institution, list each. |       |  |                  |
|     | No.<br>Yes.                        | Describe                      | Account Type: Institution name: Checking Account Associated Bank   |       | \$   | 127.00           |
| 18. |                                    | -                             | bublicly traded stocks tment accounts with brokerage firms, money market accounts  |       | \$   | <u>127.0</u> 0   |
|     | Yes.                               | Describe                      | Institution or issuer name:  |       | \$   | 0.00             |
| 19  |                                    |                               |  |       |  |                  |
| "   | Non-public                         | cly traded stock              | and interests in incorporated and unincorporated businesses, including an interest in  |       | Ψ  | 0.00             |

Lewis Debtor 1

Filed 12/11/15 Entered 12/11/15 13:08:10

Document Page 13 of 57 umber (if known) Case 15-83070 Doc 1 Desc Main First Name 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. No. Yes. Describe..... Issuer name: 0.00 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans No. Describe..... Type of account and Institution name: Yes Pension plan Aetna Inc 0.00 Pension plan Central Laborers Pension 0.00 0.00 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications No. Describe..... Institution name or individual: Yes. 0.00 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) Describe..... Issuer name and description: Yes. 0.00 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). No. Yes. Describe..... Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): 0.00 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers No. Yes. Describe..... 0.00 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements No. Yes. Describe..... 0.00 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses No. Yes. Describe..... 0.00 Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions 28. Tax refunds owed to you

| 29. | Family sup | -        |   |         |                        |
|-----|------------|----------|---|---------|------------------------|
|     | Yes.       | Describe | Anticipated 2015 state and federal tax refund | \$2,000 | \$<br><u>2,000.0</u> 0 |
|     | No.        |          |   |         |                        |

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

| No | ο.  |          |
|----|-----|----------|
| Ye | es. | Describe |

30. Other amounts someone owes you

| Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' company to the company of the co | pensation, |
|--|------------|
| Social Security benefits; unpaid loans you made to someone else  |            |

| No. |
|-----|
|-----|

Official Form 106A/B

Describe.....

Unknown

0.00

Filed 12/11/15 Entered 12/11/15 13:08:10
Document Page 14 of 57 umber (if known) Case 15-83070 Doc 1 Lewis Debtor 1

Desc Main

0.00

First Name 31. Interest in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance No. Company Name & Beneficiary: l Yes. Describe..... 0.00 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. No. Describe..... Yes. 0.00 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue No. Yes. Describe..... 0.00 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights Yes. Describe..... 0.00 35. Any financial assets you did not already list Describe..... 0.00 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$2,127.00 for Part 4. Write that number here .....---Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Current value of the portion you own? Do not deduct secured claims or exemptions 38. Accounts receivable or commissions you already earned No. Yes. Describe..... 0.00 39. Office equipment, furnishings, and supplies Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices No. Yes. Describe..... 0.00 40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade No. Describe..... 0.00 41. Inventory No. Describe..... 0.00 42. Interests in partnerships or joint ventures No. Name of Entity and Percent of Ownership: Describe..... 0.00 43. Customer lists, mailing lists, or other compilations No. Yes. Describe.....

| 44. Any business-related property you did not already list No.   |                 |
|--|-----------------|
| Yes. Describe  | \$0.00          |
| 45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here          | \$ 0.00         |
| Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.  If you own or have an interest in farmland, list it in Part 1. | ,               |
| 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?  No.   |                 |
| Yes. Describe  | \$ <u>0.0</u> 0 |
| 47. Farm animals  Examples: Livestock, poultry, farm-raised fish  No.  |                 |
| Yes. Describe  | \$ 0.00         |
| 48. Crops—either growing or harvested No.  |                 |
| Yes. Describe  | \$0.00          |
| 49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade  No.   |                 |
| Yes. Describe  | \$0.00          |
| 50. Farm and fishing supplies, chemicals, and feed No.   |                 |
| Yes. Describe  | \$0.00          |
| 51. Any farm- and commercial fishing-related property you did not already list  No.  | _               |
| Yes. Describe  | \$0.00          |
| 52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here          | \$0.00          |
| Poict7:  Describe All Property You Own or Have an Interest in That You Did Not List Above  |                 |
| 53. Do you have other property of any kind you did not already list?  Examples: Season tickets, country club membership  No.                               |                 |
| Yes. Describe  | \$0.00          |
| 54. Add the dollar value of all of your entries from Part 7. Write that number here>   | \$0.00          |

Case 15-83070 Desc Main Doc 1 Lewis Debtor 1

Filed 12/11/15 Entered 12/11/15 13:08:10

Document Page 16 of Physics (if known)

Page 16 of Physics (if known) First Name

| Part 8: List the Totals of Each Part of this Form                      |              |              |
|--|--------------|--------------|
| 55. Part 1: Total real estate, line 2                                  |              | \$ 55,570.00 |
| 56. Part 2: Total vehicles, line 5                                     | \$ 9,843.00  |              |
| 57. Part 3: Total personal and household items, line 15                | \$ 3,700.00  |              |
| 58. Part 4: Total financial assets, line 36                            | \$ 2,127.00  |              |
| 59. Part 5: Total business-related property, line 45                   | \$ 0.00      |              |
| 60. Part 6: Total farm- and fishing-related property, line 52          | \$ 0.00      |              |
| 61. Part 7: Total other property not listed, line 54                   | \$ 0.00      |              |
| 62. Total personal property. Add lines 56 through 61                   | \$ 15,670.00 | \$ 15,670.00 |
| 63. <b>Toal of all property on Schedule A/B.</b> Add line 55 + line 62 |              | \$71,240.00  |

Record # 668937 Official Form 106A/B Schedule A/B: Property Page 7 of 7 Case 15-83070 Doc 1 Filed 12/11/15 Entered 12/11/15 13:08:10 Desc Main

| Fill in this in     | formation to iden   | tify your case:                       |           |
|---------------------|---------------------|---------------------------------------|-----------|
| Debtor 1            | Lewis               | Henry                                 | Dammann   |
|                     | First Name          | Middle Name                           | Last Name |
| Debtor 2            | Joyce               | Elaine                                | Dammann   |
| (Spouse, if filing) | First Name          | Middle Name                           | Last Name |
| United States       | Bankruptcy Court fo | r the : <u>NORTHERN</u> District of _ |           |
| Case Number         | r                   | ····                                  |           |
| (If known)          |                     |                                       |           |

# Official Form 106C

#### Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions-such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds-may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: Identif         | fy the Property You Claim as Exempt                        |                                      |   |  |  |  |  |  |
|-------------------------|--|--------------------------------------|---|--|--|--|--|--|
| 1. Which set of ex      | emptions are you claiming? Check                           | cone only, even if your spo          | ouse is filing with you.  |  |  |  |  |  |
| You are clai            | ming state and federal nonbankrupt                         | cy exemptions . 11 U.S.C.            | § 522(b)(3)   |  |  |  |  |  |
| You are clai            | ming federal exemptions. 11 U.S.C.                         | § 522(b)(2)                          |   |  |  |  |  |  |
|                         |  |                                      |   |  |  |  |  |  |
| 2. For any propert      | y you list on Schedule A/B that yo                         | u claim as exempt, fill in t         | the information below.  |  |  |  |  |  |
| · ·                     | on of the property and line on<br>that lists this property | Current value of the portion you own | Amount of the exemption you claim                               | Specific laws that allow exemption       |  |  |  |  |
|                         |  | Copy the value from<br>Schedule A/B  | Check only one box for each exemption                           |  |  |  |  |  |
| Brief<br>description:   | 3134 Vinton Ave Rockford IL<br>61101 - Primary Residence   | \$_55,570                            | \$30,000  | 735 ILCS 5/12-901 - \$30,000.00          |  |  |  |  |
| Line from Schedule A/B: | 01   |                                      | 100% of fair market value, up to any applicable statutory limit |  |  |  |  |  |
| Brief                   | 2000 Unknown Unknown with over                             |                                      | any applicable statutory limit                                  | 735 ILCS 5/12-1001(b) - \$2,500.00       |  |  |  |  |
| description:            | 0.00 miles.  | \$_2,500                             | \$  | 700 1200 0712 100 1(b) \(\psi_2,000.00\) |  |  |  |  |
| Line from               |  |                                      | 100% of fair market value, up to                                |  |  |  |  |  |
| Schedule A/B:           | 03   |                                      | any applicable statutory limit                                  |  |  |  |  |  |
| Brief                   | 2008 GMC Envoy with over                                   | <b>\$</b> 7,343                      | <b>4</b> ,800   | 735 ILCS 5/12-1001(c) - \$4,800.00       |  |  |  |  |
| description:            | 120,000.00 miles.  | \$                                   | \$_4,000  |  |  |  |  |  |
| Line from               | 03   |                                      | 100% of fair market value, up to                                |  |  |  |  |  |
| Schedule A/B:           |  |                                      | any applicable statutory limit                                  |  |  |  |  |  |
| 3. Are you claimin      | g a homestead exemption of more                            | than \$155,675?                      |   |  |  |  |  |  |
| (Subject to adjus       | stment on 4/01/16 and every 3 years                        | s after that for cases filed o       | n or after the date of adjustment .)                            |  |  |  |  |  |
| No.                     | No.  |                                      |   |  |  |  |  |  |
| Yes. Did you            | acquire the property covered by the                        | e exemption within 1,215 o           | lays before you filed this case?                                |  |  |  |  |  |
| □No                     |  |                                      |   |  |  |  |  |  |
|                         | 00000  |                                      |   |  |  |  |  |  |
| Official Form 1060      | Record # 668937  | Schedule C: T                        | he Property You Claim as Exempt                                 | Page 1 of 2                              |  |  |  |  |

Middle Name

 Case 15-83070
 Doc 1
 Filed 12/11/15
 Entered 12/11/15
 13:08:10
 Desc Main

 Below Bord
 Below Bord
 Page 18 of 57 (ase Number (if known))
 Desc Main

Debtor 1

Lewis

First Name

Last Name

| Schedule A/B t            | on of the property and line on<br>hat lists this property                        | Current value of the portion you own | Amount of the exemption you claim                               | Specific laws that allow exemption   |
|---------------------------|--|--------------------------------------|---|--------------------------------------|
|                           |  | Copy the value from<br>Schedule A/B  | Check only one box for each exemption                           |                                      |
| rief<br>escription:       | Major appliances, furniture, linens, china, kitchenware                          | \$_3,000                             | \$  | 735 ILCS 5/12-1001(b) - \$3,000.00   |
| ine from<br>Schedule A/B: | <u>06</u>  |                                      | 100% of fair market value, up to any applicable statutory limit |                                      |
| rief<br>escription:       | Televisions and radios; audio, video, stereo, and digital equipment; cell phones | \$_500                               | \$  | 735 ILCS 5/12-1001(b) - \$500.00     |
| ine from<br>Schedule A/B: | <u>07</u>  |                                      | 100% of fair market value, up to any applicable statutory limit |                                      |
| rief<br>escription:       | Everyday clothes leather coats, shoes, accessories                               | \$_100                               | \$  | 735 ILCS 5/12-1001(a),(e) - \$100.00 |
| ine from<br>Schedule A/B: | <u>11</u>  |                                      | 100% of fair market value, up to any applicable statutory limit |                                      |
| rief<br>escription:       | Everyday jewelry, costume jewelry, wedding rings, watches                        | \$ <u>100</u>                        | \$  | 735 ILCS 5/12-1001(b) - \$100.00     |
| ine from<br>Schedule A/B: | 12   |                                      | 100% of fair market value, up to any applicable statutory limit |                                      |
| rief<br>escription:       | Checking Account, Associated<br>Bank, 127.00                                     | \$ <u>127</u>                        | <b></b>   | 735 ILCS 5/12-1001(b) - \$127.00     |
| ine from<br>Schedule A/B: | 17   |                                      | 100% of fair market value, up to any applicable statutory limit |                                      |
| rief<br>escription:       | Pension plan, Aetna Inc  | \$Unknown                            | <b></b>   | 735 ILCS 5/12-1006 - \$0.00          |
| ine from<br>Schedule A/B: | 21   |                                      | 100% of fair market value, up to any applicable statutory limit |                                      |
| rief<br>escription:       | Pension plan, Central Laborers Pension   | \$Unknown                            | <b>\$</b>   | 735 ILCS 5/12-1006 - \$0.00          |
| ine from<br>Schedule A/B: | 21   |                                      | 100% of fair market value, up to any applicable statutory limit |                                      |
| rief<br>escription:       | Anticipated 2015 state and federal tax refund                                    | \$_2,000                             | \$_1,773  | 735 ILCS 5/12-1001(b) - \$1,773.00   |
| ine from<br>Schedule A/B: | 28   |                                      | 100% of fair market value, up to any applicable statutory limit |                                      |

| Fill in this in       | Caco 15 92                                   |                                       | 1 Filod 12/11/15   | Entered 12/11/2               | 15 13:08:10                              | Desc Main                |                    |
|-----------------------|--|---------------------------------------|--|-------------------------------|--|--------------------------|--------------------|
| Fill in this ir       | nformation to identify y                     | our case:                             |  | 9 of 57                       |  |                          |                    |
| Debtor 1              | Lewis  | Henry                                 | Dammann  |                               |  |                          |                    |
|                       | First Name                                   | Middle Name                           | Last Name  |                               |  |                          |                    |
| Debtor 2              | Joyce  | Elaine                                | Dammann  |                               |  |                          |                    |
| (Spouse, if filing)   | First Name                                   | Middle Name                           | Last Name  |                               |  |                          |                    |
| United States         | Bankruptcy Court for the :                   | NORTHERN Dis                          |  |                               |  |                          |                    |
| Case Numbe            | r  |                                       | (State)  |                               |  | Check if this            | s is an            |
| (If known)            |  |                                       |  |                               |  | amended fi               | ling               |
| Official F            | orm 106D                                     |                                       |  |                               |  |                          |                    |
|                       |  | Nho Havo C                            | laims Secured by F   | Proporty                      |  |                          | 12/15              |
| e as complete         | e and accurate as possi                      | ble. If two married copy the Addition | people are filing together, both<br>al Page, fill it out, number the el    | n are equally responsible for |  | ny                       |                    |
|                       | editors have claims sec                      | •                                     | ,  |                               |  |                          |                    |
|                       |  |                                       | •  |                               | ut au thia fauna                         |                          |                    |
|                       |  |                                       | urt with your other schedules. Yo  | ou have nothing else to repo  | ort on this form.                        |                          |                    |
| Yes. Fi               | ill in all of the informatior                | n below.                              |  |                               |  |                          |                    |
| Part 1:               | List All Secured Claims                      |                                       |  |                               |  |                          |                    |
|                       |  |                                       |  |                               | Column A                                 | Column A                 | Column C           |
|                       |  |                                       | ne secured claim, list the credito   |                               | Amount of claim                          | Value of collateral      | Unsecured          |
|                       |  | •                                     | ular claim, list the other creditors<br>rder according to the creditors na |                               | Do not deduct the<br>value of collateral | that supports this claim | portion<br>If any  |
| _                     | •  | ·                                     |  |                               | <b>\$</b> 62,871.00                      | <b>\$</b> 55,570.00      | <b>\$</b> 7,301.00 |
|                       | of America Mortgage                          |                                       | Describe the property that secure  |                               | \$_02,871.00                             | \$ 33,370.00             | \$ 7,301.00        |
| Creditor's<br>1800 Ta | apo Canyon Rd                                |                                       | 3134 Vinton Ave Rockford IL 61<br>Residence                                | 101 - Primary                 |  |                          |                    |
| Number                | Street                                       |                                       | 100.0000   |                               |  |                          |                    |
|                       |  |                                       | As of the date you file, the claim   | is: Check all that apply.     |  |                          |                    |
| Simi \/o              | allov CA                                     | 02062                                 | Contingent   |                               |  |                          |                    |
| Simi Va               |  | 4 93063<br>te Zip Code                | Unliquidated   |                               |  |                          |                    |
| •                     |  | ·                                     | Disputed   |                               |  |                          |                    |
| Who owes              | s the debt? Check one.                       |                                       | Nature of Lien. Check all that apply An agreement you made (such a         |                               |  |                          |                    |
| Debtor                | •  |                                       | car loan)  | s morgage or secured          |  |                          |                    |
|                       | 1 and Debtor 2 only                          |                                       | Statutory lien (such as tax lien, m  | nechanic's lien)              |  |                          |                    |
| At leas               | t one of the debtors and and                 | other                                 | Judgment lien from a lawsuit   |                               |  |                          |                    |
| □ chook               | if this claim relates to a                   |                                       | Other (including a right to offset)  |                               |  |                          |                    |
|                       | unity debt                                   |                                       |  |                               |  |                          |                    |
| Date Debt             | t was incurred2009                           |                                       | Last 4 digits of account number  | <u>8129</u>                   |  |                          |                    |
| Genera                | ations Credit Union                          |                                       | Describe the property that secure  | es the claim:                 | <b>\$</b> _15,609.00                     | <b>\$</b> 7,343.00       | \$ <u>8,266.00</u> |
| Creditor's            |  |                                       | GMC Envoy 2008 0.00  |                               |  |                          |                    |
| 5618 H<br>Number      | Street                                       | <del></del>                           |  |                               |  |                          |                    |
| Number                | Sileet                                       |                                       | As of the data way file the elein  | in Obselvation                |  |                          |                    |
|                       |  |                                       | As of the date you file, the claim  Contingent                             | ів: Спеск ан тпат арріу.      |  |                          |                    |
| Rockfor               | rd IL  | 61108                                 | Unliquidated   |                               |  |                          |                    |
| City                  | Sta  | te Zip Code                           | Disputed   |                               |  |                          |                    |
| Who owes              | s the debt? Check one.                       |                                       | Nature of Lien. Check all that apply                                       | y.                            |  |                          |                    |
| Debtor                | 1 only                                       |                                       | An agreement you made (such a  | s mortgage or secured         |  |                          |                    |
| Debtor                | •  |                                       | car loan)  |                               |  |                          |                    |
| =                     | 1 and Debtor 2 only                          | athar                                 | Statutory lien (such as tax lien, m  | nechanic's lien)              |  |                          |                    |
| LIAt leas             | t one of the debtors and and                 | outer                                 | Judgment lien from a lawsuit  Other (including a right to offset)          |                               |  |                          |                    |
|                       | if this claim relates to a                   |                                       | Lipation (mondaing a right to offset)                                      |                               |  |                          |                    |
|                       | unity debt<br>t was incurred <sup>2013</sup> |                                       | Last 4 digits of account number  | 7505                          |  |                          |                    |
|                       | was incurred                                 |                                       | n this page. Write that number   |                               | \$_78,480.00                             |                          |                    |
|                       | ,  |                                       |  |                               |  |                          |                    |

| Fill in this in   | Case 15 920   |  | Filod 12/11/15  | Entered 12/11/15 13:08:10<br>0 of 57  | Desc Main                    |             |
|---|---|--|---|---|------------------------------|-------------|
|   | mornation to identity yo  | ur cusc.   |   | 0 01 57   |                              |             |
| Debtor 1  | Lewis   | Henry  | Dammann   |   |                              |             |
|   | First Name  | Middle Name  | Last Name   |   |                              |             |
| Debtor 2  | Joyce   | Elaine   | Dammann   |   |                              |             |
| (Spouse, if filing)   | First Name  | Middle Name  | Last Name   |   |                              |             |
| United States   | s Bankruptcy Court for the : _  | NORTHERN Distri  |   |   |                              |             |
| Case Numbe  | er  |  | (State)   |   | Check if                     | this is an  |
| (If known)  |   |  |   |   | amende                       | d filing    |
| Official F  | orm 106E/F  |  |   |   |                              |             |
|   |   | <b>NA71</b>  | Unsecured Claims  |   |                              | 12/15       |
| ist the other p<br>\(\begin{align*} B: Property (\) reditors with  \\ eeded, copy top of any additions \end{align*} | party to any executory co<br>(Official Form 106A/B) ar<br>partially secured claims        | ontracts or unexpired on Schedule G: that are listed in Scut, number the entiname and case number the entire and | ed leases that could result in a<br>Executory Contracts and Une<br>chedule D: Creditors Who Hav<br>ries in the boxes on the left. A | is and Part 2 for creditors with NONPRIORITY cl<br>a claim. Also list executory contracts on Sched<br>expired Leases (Official Form 106G). Do not incl<br>eve Claims Secured by Property. If more space is<br>attach the Continuation Page to this page. On the | <i>lule</i><br>lude any<br>s |             |
| 1. Do any cre   | editors have priority unse  | ecured claims agai   | nst vou?  |   |                              |             |
| _   | o to Part 2.  | ou.ou olullo ugul  |   |   |                              |             |
| _   | 0 10 Part 2.  |  |   |   |                              |             |
| Yes.  |   | alaima If a araditar   | has more than one priority upo  | secured claim, list the creditor separately for each  | alaim Far                    |             |
| each claim<br>nonpriority<br>unsecured  | n listed, identify what type<br>y amounts. As much as po<br>I claims, fill out the Contin | of claim it is. If a cla<br>ssible, list the claim<br>uation Page of Part  | aim has both priority and nonpriors in alphabetical order according   | iority amounts, list that claim here and show both<br>ng to the creditor's name. If you have more than t<br>olds a particular claim, list the other creditors in Pa   | priority and<br>wo priority  |             |
| (I OI all ex  | planation of each type of   | ciairii, see trie iristi t   |   | Total claim   | Priority                     | Nonpriority |
|   |   |  |   |   | amount                       | amount      |
| Part 2:   | List All of Your NONPRIOR   | RITY Unsecured Clai  | ims   |   |                              |             |
| 3. Do any cre   | editors have nonpriority  | unsecured claims a   | against you?  |   |                              |             |
| ∏ No. Yo  | ou have nothing to report   | in this part. Submit   | this form to the court with your  | r other schedules.  |                              |             |
| Yes.  | J   |  | ,   |   |                              |             |
| nonpriority<br>included in  | unsecured claim, list the   | creditor separately creditor holds a par   | for each claim. For each claim  | or who holds each claim. If a creditor has more t<br>listed, identify what type of claim it is. Do not list o<br>itors in Part 3.If you have more than three nonprio  | claims already               | Total claim |
| 4.1 Accour  | nts Receivable MG   |  | ast 4 digits of account number  | 0737  |                              | \$ 85.00    |
|   | I 2Nd St Ste 5  | v  | When was the debt incurred?   | 2011-2011   |                              |             |
| Number  | Street  |  |   |   |                              |             |
|   |   | <u>^</u>   | is of the date you file, the claim  | is: Check all that apply.   |                              |             |
| Mache   | sney Park IL  | 61115 L  | Contingent Unliquidated   |   |                              |             |
| City  | State   | Zip Code   | Disputed  |   |                              |             |
| _   | s the debt? Check one.  1 only  | L  |   |   |                              |             |
| =   | · 2 only  | т  | ype of PRIORITY unsecured cla   | aim:  |                              |             |
| =   | 1 and Debtor 2 only   | Ė  | Student loans   |   |                              |             |
| =   | et one of the debtors and anot  | her $\Gamma$   | Obligations arising out of a separ  | ration agreement or divorce   |                              |             |
| =   | c if this claim relates to a  | _  | that you did not report as priority   |   |                              |             |
|   | unity debt  |  | Debts to pension or profit-sharing  |   |                              |             |
|   | im subject to offest?   |  |   |   |                              |             |
| No  |   |  | Other. Specify Medical Debt   | <u>t</u>  |                              |             |
| Yes   |   |  |   |   |                              |             |

Schedule E/F: Creditors Who Have Unsecured Claims

Doc 1 Filed 12/11/15 Entered 12/11/15 13:08:10 Desc Main Case 15-83070 Page 21 of 57 Case Number (if known) Document Lewis Henry Debtor 1 Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. **Total Claim** BK OF AMER \$ 18,970.00 Last 4 digits of account number \_ Creditor's Name 2001-2015 Po Box 982235 When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent El Paso TX 79998 Unliquidated City State Zip Code Disputed Who owes the debt? Check one Debtor 1 only Debtor 2 only Type of PRIORITY unsecured claim: Debtor 1 and Debtor 2 only Student loans Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Check if this claim relates to a community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offest? No Other. Specify Credit Card or Credit Use Yes CAP1/Mnrds NULL \$ 1,480.00 Last 4 digits of account number 4.3 Creditor's Name 2008-2015 26525 N Riverwoods Blvd When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent 60045 Mettawa IL Unliquidated City State Zip Code Disputed Who owes the debt? Check one. Debtor 1 only Debtor 2 only Type of PRIORITY unsecured claim: Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Check if this claim relates to a Debts to pension or profit-sharing plans, and other similar debts community debt Is the claim subject to offest? No Other. Specify \_\_\_ Credit Card or Credit Use COMENITY BANK/Lnbryant NULL \$ 0.00 4.4 Last 4 digits of account number Creditor's Name 1990-2008 Po Box 182789 When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent Columbus OH 43218 Unliquidated City State Zip Code Disputed Who owes the debt? Check one.

Doc 1 Filed 12/11/15 Entered 12/11/15 13:08:10 Desc Main Case 15-83070 Page 22 of 57 Case Number (if known) Document Lewis Henry Debtor 1 Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. **Total Claim** Credit First N A \$ 260.00 Last 4 digits of account number \_ Creditor's Name 2015-2015 6275 Eastland Rd When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent Brookpark OH 44142 Unliquidated City State Zip Code Disputed Who owes the debt? Check one Debtor 1 only Debtor 2 only Type of PRIORITY unsecured claim: Debtor 1 and Debtor 2 only Student loans Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Check if this claim relates to a community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offest? No Other. Specify Credit Card or Credit Use Yes Creditors Protection S \$ 3,205.00 Last 4 digits of account number 4.6 Creditor's Name 2011-2012 308 W State St Ste 485 When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent Rockford 61101 IL Unliquidated City State Zip Code Disputed Who owes the debt? Check one. Debtor 1 only Debtor 2 only Type of PRIORITY unsecured claim: Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Check if this claim relates to a Debts to pension or profit-sharing plans, and other similar debts community debt Is the claim subject to offest? No Other. Specify Medical Debt Yes Generations Credit UNI 7506 \$ 1,500.00 4.7 Last 4 digits of account number Creditor's Name 2015-2015 5618 Harrison Ave When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent Rockford 61108

Case 15-83070 Doc 1 Filed 12/11/15 Entered 12/11/15 13:08:10 Desc Main

Page 23 of 57
Case Number (if known) Document Debtor 1 <u>Lewis</u> Henry Your NONPRIORITY Unsecured Claims - Continuation Page

| After li | sting any entries on this page, number them b          | eginning with 4.4, followed by 4.5, and so forth.              | Total Claim      |
|----------|--|--|------------------|
| 4.8      | Kohls/Capone   | Last 4 digits of account numberNULL                            | \$ <u>82.00</u>  |
|          | Creditor's Name N56 W 17000 Ridgewood Dr Number Street | When was the debt incurred? 2003-2015                          | -                |
|          | - Orect  | As of the date you file, the claim is: Check all that apply    |                  |
|          |  | Contingent   |                  |
|          | Menomonee Falls WI 53051                               | Unliquidated   |                  |
| Ι.       | City State Zip Code                                    | Disputed   |                  |
| í        | Who owes the debt? Check one.  Debtor 1 only           |  |                  |
| l i      | Debtor 2 only  | Time of PRIORITY improving distant                             |                  |
|          | <b>=</b>   | Type of PRIORITY unsecured claim: Student loans                |                  |
|          | Debtor 1 and Debtor 2 only                             | <b>=</b>   |                  |
| !        | At least one of the debtors and another                | Obligations arising out of a separation agreement or dive      | rce              |
| I        | Check if this claim relates to a                       | that you did not report as priority claims                     |                  |
| Ι.,      | community debt s the claim subject to offest?          | Debts to pension or profit-sharing plans, and other similar    | ir debts         |
| l i      | No   | Credit Cord or Credit Llee                                     |                  |
| l i      | Yes  | Other. Specify Credit Card or Credit Use                       |                  |
| 4.9      | Rockford Mercantile                                    | Last 4 digits of account number 8967                           | <b>\$</b> 119.00 |
| 1.0      | Creditor's Name  |  |                  |
|          | 2502 S Alpine Rd                                       | When was the debt incurred? 2012-2014                          | -                |
|          | Number Street  |  |                  |
|          |  | As of the date you file, the claim is: Check all that apply    |                  |
|          |  | Contingent   |                  |
|          | Rockford IL 61108                                      | Unliquidated   |                  |
| l .      | City State Zip Code                                    | Disputed   |                  |
| `        | Who owes the debt? Check one.                          | L Disputed   |                  |
|          | Debtor 1 only  |  |                  |
| !        | Debtor 2 only  | Type of PRIORITY unsecured claim:                              |                  |
|          | Debtor 1 and Debtor 2 only                             | Student loans  |                  |
| [        | At least one of the debtors and another                | Obligations arising out of a separation agreement or dive      | orce             |
|          | Check if this claim relates to a                       | that you did not report as priority claims                     |                  |
|          | community debt   | Debts to pension or profit-sharing plans, and other similar    | ur debts         |
|          | s the claim subject to offest?                         | _  |                  |
|          | No   | Other. Specify Medical Debt                                    |                  |
|          | Yes Rockford Mercantile                                | 9000   | A 1F1 00         |
| 4.10     |  | Last 4 digits of account number8966                            | <u>\$_151.00</u> |
|          | Creditor's Name<br>2502 S Alpine Rd                    | When was the debt incurred? 2012-2014                          |                  |
|          | Number Street  |  | •                |
|          | Number Street  |  |                  |
|          |  | As of the date you file, the claim is: Check all that apply    |                  |
|          | Rockford IL 61108                                      | Contingent   |                  |
|          |  | Unliquidated   |                  |
| ١ ،      | City State Zip Code  Who owes the debt? Check one.     | Disputed   |                  |
|          | Debtor 1 only  |  |                  |
| l i      | Debtor 2 only  | Type of PRIORITY unsecured claim:                              |                  |
| i        | Debtor 1 and Debtor 2 only                             | Student loans  |                  |
|          | At least one of the debtors and another                | Obligations arising out of a separation agreement or divo      | orce             |
|          | =  | that you did not report as priority claims                     |                  |
| 1        | Check if this claim relates to a community debt        | Debts to pension or profit-sharing plans, and other similar    | ur debts         |
| 1        | s the claim subject to offest?                         | 5 556 to periodic or profit-sharing plans, and office shifting | 455.6            |
|          | No   | Other. Specify Medical Debt                                    |                  |
|          | Yes  | Carlot. Opcony   |                  |

Doc 1 Filed 12/11/15 Entered 12/11/15 13:08:10 Desc Main Case 15-83070 Page 24 of 57 Case Number (if known) Document Lewis Henry Debtor 1 Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. **Total Claim** 4.11 Rockford Mercantile **\$** 160.00 Last 4 digits of account number \_\_\_\_

| Creditor's Name                                    | 2012 2014   |                  |
|--|---|------------------|
| 2502 S Alpine Rd                                   | When was the debt incurred? 2012-2014                             |                  |
| Number Street                                      |   |                  |
|  | As of the date you file, the claim is: Check all that apply.      |                  |
|  | Contingent  |                  |
| Rockford IL 61108                                  | Unliquidated  |                  |
| City State Zip Code  Who owes the debt? Check one. | Disputed  |                  |
| Debtor 1 only                                      | _   |                  |
| Debtor 2 only                                      | Type of PRIORITY unsecured claim:                                 |                  |
| Debtor 1 and Debtor 2 only                         | Student loans   |                  |
| At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce      |                  |
| Check if this claim relates to a                   | that you did not report as priority claims                        |                  |
| community debt                                     | Debts to pension or profit-sharing plans, and other similar debts |                  |
| Is the claim subject to offest?                    |   |                  |
| No   | Other. Specify Medical Debt                                       |                  |
| Yes  |   |                  |
| 4.12 Rockford Mercantile                           | Last 4 digits of account number 8960                              | \$ <u>250.00</u> |
| Creditor's Name                                    | When was the debt incurred? 2011-2014                             |                  |
| 2502 S Alpine Rd                                   | When was the debt incurred?                                       |                  |
| Number Street                                      |   |                  |
|  | As of the date you file, the claim is: Check all that apply.      |                  |
| Darliford II 04400                                 | Contingent  |                  |
| Rockford IL 61108                                  | Unliquidated  |                  |
| City State Zip Code  Who owes the debt? Check one. | Disputed  |                  |
| Debtor 1 only                                      |   |                  |
| Debtor 2 only                                      | Type of PRIORITY unsecured claim:                                 |                  |
| Debtor 1 and Debtor 2 only                         | Student loans   |                  |
| At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce      |                  |
| Check if this claim relates to a                   | that you did not report as priority claims                        |                  |
| community debt                                     | Debts to pension or profit-sharing plans, and other similar debts |                  |
| Is the claim subject to offest?                    |   |                  |
| No   | Other. Specify Medical Debt                                       |                  |
| Yes Deal-ford Marcontile                           | 0070  | + 000 00         |
| 4.13 Rockford Mercantile                           | Last 4 digits of account number8970                               | \$ <u>263.00</u> |
| Creditor's Name<br>2502 S Alpine Rd                | When was the debt incurred? 2013-2014                             |                  |
| Number Street                                      |   |                  |
| Number   |   |                  |
|  | As of the date you file, the claim is: Check all that apply.      |                  |
| Rockford IL 61108                                  | Contingent  |                  |
| City State Zip Code                                | Unliquidated  |                  |
| Who owes the debt? Check one.                      | Disputed  |                  |
| Debtor 1 only                                      |   |                  |
| Debtor 2 only                                      | Type of PRIORITY unsecured claim:                                 |                  |
| Debtor 1 and Debtor 2 only                         | Student loans   |                  |
| At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce      |                  |
| Check if this claim relates to a                   | that you did not report as priority claims                        |                  |
| community debt                                     | Debts to pension or profit-sharing plans, and other similar debts |                  |
| Is the claim subject to offest?                    |   |                  |
| No   | Other. Specify Medical Debt                                       |                  |
| Yes  |   |                  |

Doc 1 Filed 12/11/15 Entered 12/11/15 13:08:10 Desc Main Case 15-83070 Page 25 of 57 Case Number (if known) Document Lewis Henry Debtor 1 Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. **Total Claim** Rockford Mercantile **\$** 310.00 Last 4 digits of account number \_\_\_\_

| Creditor's Name                         | When was the debt incurred? 2011-2014                             |                     |
|---|---|---------------------|
| 2502 S Alpine Rd                        | When was the debt incurred?                                       |                     |
| Number Street                           |   |                     |
|   | As of the date you file, the claim is: Check all that apply.      |                     |
|   |   |                     |
| Rockford IL 61108                       | Contingent  |                     |
| City State Zip Code                     | Unliquidated  |                     |
| Who owes the debt? Check one.           | Disputed  |                     |
| Debtor 1 only                           | <del>_</del>  |                     |
|   | Toward PRIORITY and a deliver                                     |                     |
| Debtor 2 only                           | Type of PRIORITY unsecured claim:                                 |                     |
| Debtor 1 and Debtor 2 only              | Student loans   |                     |
| At least one of the debtors and another | Obligations arising out of a separation agreement or divorce      |                     |
| Check if this claim relates to a        | that you did not report as priority claims                        |                     |
| community debt                          | Debts to pension or profit-sharing plans, and other similar debts |                     |
| ls the claim subject to offest?         |   |                     |
| No                                      | Other. Specify Medical Debt                                       |                     |
| Yes                                     |   |                     |
| Rockford Mercantile                     | Last 4 digits of account number8962                               | <b>\$</b> 377.00    |
| Creditor's Name                         |   |                     |
| 2502 S Alpine Rd                        | When was the debt incurred? 2011-2014                             |                     |
|   |   |                     |
| Number Street                           |   |                     |
|   | As of the date you file, the claim is: Check all that apply.      |                     |
|   | Contingent  |                     |
| Rockford IL 61108                       | Unliquidated  |                     |
| City State Zip Code                     |   |                     |
| Who owes the debt? Check one.           | Disputed  |                     |
| Debtor 1 only                           |   |                     |
| Debtor 2 only                           | Type of PRIORITY unsecured claim:                                 |                     |
| Debtor 1 and Debtor 2 only              | Student loans   |                     |
| =                                       |   |                     |
| At least one of the debtors and another | Obligations arising out of a separation agreement or divorce      |                     |
| Check if this claim relates to a        | that you did not report as priority claims                        |                     |
| community debt                          | Debts to pension or profit-sharing plans, and other similar debts |                     |
| s the claim subject to offest?          |   |                     |
| No                                      | Other. Specify Medical Debt                                       |                     |
| Yes                                     |   |                     |
| Rockford Mercantile                     | Last 4 digits of account number8961                               | <b>\$</b> _1,026.00 |
| Creditor's Name                         | <del></del>   | _                   |
| 2502 S Alpine Rd                        | When was the debt incurred? 2011-2014                             |                     |
| Number Street                           | <del></del>   |                     |
| Number Street                           |   |                     |
|   | As of the date you file, the claim is: Check all that apply.      |                     |
| _                                       | Contingent  |                     |
| Rockford IL 61108                       | Unliquidated  |                     |
| City State Zip Code                     |   |                     |
| Vho owes the debt? Check one.           | Disputed  |                     |
| Debtor 1 only                           |   |                     |
| Debtor 2 only                           | Type of PRIORITY unsecured claim:                                 |                     |
| Debtor 1 and Debtor 2 only              | Student loans   |                     |
| <b>=</b>                                |   |                     |
| At least one of the debtors and another | Obligations arising out of a separation agreement or divorce      |                     |
| Check if this claim relates to a        | that you did not report as priority claims                        |                     |
| community debt                          | Debts to pension or profit-sharing plans, and other similar debts |                     |
| s the claim subject to offest?          |   |                     |
| No                                      | Other. Specify Medical Debt                                       |                     |
| ¬                                       |   |                     |

Record # 668937

Doc 1 Filed 12/11/15 Entered 12/11/15 13:08:10 Desc Main Case 15-83070 Page 26 of 57 Case Number (if known) Document Lewis Henry Debtor 1 Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. **Total Claim** Rockford Mercantile \$ 1,586.00 Last 4 digits of account number Creditor's Name 2011-2014 2502 S Alpine Rd When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent Rockford 61108 Unliquidated City State Zip Code Disputed Who owes the debt? Check one Debtor 1 only Debtor 2 only Type of PRIORITY unsecured claim: Debtor 1 and Debtor 2 only Student loans Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Check if this claim relates to a community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offest? No Other. Specify Medical Debt Yes Rockford Mercantile \$ 2,746.00 Last 4 digits of account number 4.18 Creditor's Name 2013-2014 2502 S Alpine Rd When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent Rockford 61108 IL Unliquidated City State Zip Code Disputed Who owes the debt? Check one. Debtor 1 only Debtor 2 only Type of PRIORITY unsecured claim:

Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Check if this claim relates to a Debts to pension or profit-sharing plans, and other similar debts community debt Is the claim subject to offest? No Other. Specify Medical Debt Yes Syncb/Walmart NULL \$ 2,231.00 Last 4 digits of account number 4.19 Creditor's Name 2013-2015 Po Box 965024 When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent Orlando 32896 Unliquidated City State Zip Code Disputed Who owes the debt? Check one. Debtor 1 only Debtor 2 only Type of PRIORITY unsecured claim: Debtor 1 and Debtor 2 only Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims Check if this claim relates to a community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offest? No Other. Specify \_\_\_Credit Card or Credit Use

Doc 1 Filed 12/11/15 Entered 12/11/15 13:08:10 Desc Main Case 15-83070

Lewis

Henry

Add the Amounts for Each Type of Unsecured Claim

Document

Page 27 of 57 Case Number (if known)

Debtor 1

|                          |   |     | Total claim |
|--------------------------|---|-----|-------------|
| otal claims<br>om Part 1 | 6a. Domestic support obligations  | 6a. | \$0.0       |
|                          | 6b. Taxes and Certain other debts you owe the government  | 6b. | \$0.0       |
|                          | 6c. Claims for death or personal injury while you were intoxicated  | 6c. | \$0.0       |
|                          | 6d. <b>Other.</b> Add all other priority unsecured claims. Write that amount here.                          | 6d. | \$0.0       |
|                          | 6e. <b>Total.</b> Add lines 6a through 6d.  | 6e. | \$0.0       |
|                          |   |     | Total claim |
| otal claims              | 6f. Student loans   | 6f. | \$0.00      |
|                          | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$0.00      |
|                          | 6h. Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | \$0.00      |
|                          | 6i. <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       | 6i. | \$34,801.00 |
|                          | 6j. <b>Total.</b> Add lines 6a through 6d.  | 6j. | \$34,801.00 |

| Fi                      | l in this in                              | Caso 15<br>formation to iden   |  | ilod 12/11/15                                   | Entered 12<br>8 of 5                     | /11/15 13:08:10  | Desc Main           |      |
|-------------------------|---|--|--|---|--|--|---------------------|------|
|                         |   |  |  |   | 0 01 3                                   | ' 1  |                     |      |
| De                      | ebtor 1                                   | Lewis<br>First Name  | Henry  Middle Name   | Dammann  Last Name                              |  |  |                     |      |
| D                       | ebtor 2                                   | Joyce  | Elaine   | Dammann   |  |  |                     |      |
| (S <sub>I</sub>         | oouse, if filing)                         | First Name   | Middle Name  | Last Name                                       |  |  |                     |      |
| Uı                      | nited States                              | Bankruptcy Court for   | r the : <u>NORTHERN</u> District of <u>I</u>   | LLINOIS_  |  |  |                     |      |
| C                       | ase Number                                |  |  | (State)   |  |  | Check if this is an | 1    |
| (l                      | f known)                                  |  |  |   |  |  | amended filing      |      |
| Off                     | icial Fo                                  | orm 106G   |  |   |  |  |                     |      |
| Sch                     | edule                                     | G: Execut  | ory Contracts and  | Unexpired Lea                                   | ses                                      |  |                     | 12/1 |
| nforr<br>additi<br>1. C | nation. If monal pages oo you hav No. Cho | nore space is needs, write your name any executory of eck this box and so in all of the inform | possible. If two married people ded, copy the additional page, e and case number (if known). contracts or unexpired leases? submit this form to the court with nation below even if the contract | your other schedules. Your leases are listed in | ou have nothing else Schedule A/B: Prope | to this page. On the top of a to report on this form.  erty (Official Form 106A/B) | iny                 |      |
| e                       | -   | nt, vehicle lease,   | or company with whom you have cell phone). See the instructions  |   |  | •  |                     |      |
|                         | Person or                                 | company with wh  | nom you have the contract or le  | ase   | Sta                                      | te what the contract or leas   | e is for            |      |
| 2.1                     |   |  |  |   |  |  |                     |      |
|                         | Name                                      |  |  |   |  |  |                     |      |
|                         | Number                                    | Street   |  |   | -  |  |                     |      |
|                         | City                                      |  | State Zip C  | Code  | -  |  |                     |      |
| 2.2                     |   |  |  |   |  |  |                     |      |
|                         | Name                                      |  |  |   | •  |  |                     |      |
|                         | Number                                    | Street   |  |   | -  |  |                     |      |
|                         | City                                      |  | State Zip C  | Code  | -  |  |                     |      |
| 2.3                     |   |  |  |   |  |  |                     |      |
|                         | Name                                      |  |  |   | -  |  |                     |      |
|                         |   |  |  |   | -  |  |                     |      |
|                         | Number                                    | Street   |  |   |  |  |                     |      |
|                         | City                                      |  | State Zip C  | Code  | -  |  |                     |      |
| 2.4                     |   |  |  |   |  |  |                     |      |
|                         | Name                                      |  |  |   | •  |  |                     |      |
|                         | Number                                    | Street   |  |   | -  |  |                     |      |
|                         | City                                      |  | State Zip 0  | Code  | -  |  |                     |      |
| 2.5                     |   |  |  |   |  |  |                     |      |
|                         | Name                                      |  |  |   | -  |  |                     |      |
|                         | Number                                    | Street   |  |   | -  |  |                     |      |

State Zip Code

City

Case 15-83070 Doc 1 Filed 12/11/15 Entered 12/11/15 13:08:10 Desc Main

| Fill in this in     | nformation to ide  |  |           |
|---------------------|--------------------|--|-----------|
| Debtor 1            | Lewis              | Henry                                  | Dammann   |
|                     | First Name         | Middle Name                            | Last Name |
| Debtor 2            | Joyce              | Elaine                                 | Dammann   |
| (Spouse, if filing) | First Name         | Middle Name                            | Last Name |
| United States       | Bankruptcy Court f | or the : <u>NORTHERN</u> District of _ | ILLINOIS  |
|                     |                    |  | (State)   |
| Case Number         | r                  |  | _         |
| (If known)          |                    |  |           |

# Official Form 106H

Schedule H: Your Codebtors 12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

| 1. D        | o you have any codebtors? (If you are filing a  | joint case, do not list either s | pouse as a codebtor.)   |   |  |  |  |  |
|-------------|---|----------------------------------|-------------------------|---|--|--|--|--|
|             | No.   |                                  |                         |   |  |  |  |  |
|             | Yes   |                                  |                         |   |  |  |  |  |
| 2. <b>W</b> | 2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include |                                  |                         |   |  |  |  |  |
| A           | Arizona, California, Idaho, Lousiiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)                                |                                  |                         |   |  |  |  |  |
|             | No. Go to line 3.   |                                  |                         |   |  |  |  |  |
|             | Yes. Did your spouse, former spouse, or leg   | al equivalent live with you at   | the time?               |   |  |  |  |  |
|             | No  | ny did you live?                 | Fill in the r           | name and current address of that person.        |  |  |  |  |
|             | Tes. Inwiner community state of territor  | Ty did you live:                 |                         | taille and carrent address of that person.      |  |  |  |  |
|             | <del></del>   |                                  |                         |   |  |  |  |  |
|             | Name of your spouse, former spouse or legal equival   | ent                              |                         |   |  |  |  |  |
|             | Number Street   |                                  |                         |   |  |  |  |  |
|             | City  | State                            | Zip Code                |   |  |  |  |  |
| 3. In       | Column 1, list all of your codebtors. Do not  |                                  | ·                       | e is filing with you. List the person           |  |  |  |  |
|             | hown in line 2 again as a codebtor only if that   |                                  |                         |   |  |  |  |  |
|             | chedule D (Official Form 106D), Schedule E/F  |                                  | schedule G (Official Fo | orm 106G). Use Schedule D,                      |  |  |  |  |
| S           | chedule E/F, or Schedule G to fill out Column   | <b>2.</b>                        |                         |   |  |  |  |  |
|             | Column 1: Your codebtor   |                                  |                         | Column 2: The creditor to whom you owe the debt |  |  |  |  |
|             |   |                                  |                         | Check all schedules that apply:                 |  |  |  |  |
| 3.1         |   |                                  |                         | Schedule D, line                                |  |  |  |  |
|             | Name  |                                  |                         | _   |  |  |  |  |
|             |   |                                  |                         | Schedule E/F, line                              |  |  |  |  |
|             | Number Street   |                                  |                         | Schedule G, line                                |  |  |  |  |
|             | City  | State                            | Zip Code                |   |  |  |  |  |
| 3.2         |   |                                  |                         | Schedule D, line                                |  |  |  |  |
|             | Name  |                                  |                         | Schedule E/F, line                              |  |  |  |  |
|             | Number Street   |                                  | <del></del>             | Schedule G, line                                |  |  |  |  |
|             | 01  | 0.1                              |                         | Corlecture G, line                              |  |  |  |  |
| 3.3         | City  | State                            | Zip Code                | Schedule D, line                                |  |  |  |  |
| 3.3         | Name  |                                  |                         | _   |  |  |  |  |
|             |   |                                  |                         | Schedule E/F, line                              |  |  |  |  |
|             | Number Street   |                                  |                         | Schedule G, line                                |  |  |  |  |
|             | City  | State                            | Zip Code                |   |  |  |  |  |

| Fill in this information to identify your case:  |   |   |  |  |  |  |
|--|---|---|--|--|--|--|
| Lewis  | Henry   | Dammann   |  |  |  |  |
| First Name   | Middle Name   | Last Name   |  |  |  |  |
| Joyce  | Elaine  | Dammann   |  |  |  |  |
| First Name   | Middle Name   | Last Name   |  |  |  |  |
| (Spouse, if filing) First Name Middle Name Last Name  United States Bankruptcy Court for the : NORTHERN DISTRICT OF ILLINOIS |   |   |  |  |  |  |
|  |   | _   |  |  |  |  |
|  | Lewis First Name Joyce First Name Bankruptcy Court fo | Lewis Henry  First Name Middle Name  Joyce Elaine  First Name Middle Name  Bankruptcy Court for the :NORTHERN DISTRICT OF |  |  |  |  |

| Che | ck if this is:                              |
|-----|---|
|     | An amended filing                           |
|     | A supplement showing post-petition          |
|     | chapter 13 income as of the following date: |
|     |   |
|     | MM / DD / YYYY                              |

## Official Form 106I

#### **Schedule I: Your Income**

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | Tt 1: Describe Employment   |   |                          |              |                                   |
|----|---|---|--------------------------|--------------|-----------------------------------|
| 1. | Fill in your employment information   |   | Debtor 1                 |              | Debtor 2 or non-filing spouse     |
|    | If you have more than one job, attach a separate page with information about additional employers.  | Employment status   | Employed  X Not employed | ı            | Employed  X Not employed          |
|    | Include part-time, seasonal, or self-employed work.   | Occupation  | Retired                  |              | Retired                           |
|    | Occupation may Include student or homemaker, if it applies.   | Employers name  |                          |              |                                   |
|    |   | Employers address   |                          |              |                                   |
|    |   | How long employed there?  |                          |              |                                   |
| Pa | rt 2: Give Details About Monthl   | y Income  |                          |              |                                   |
|    | Estimate monthly income as of the spouse unless you are separated. If you or your non-filing spouse has lines below. If you need more space |   | ne the information for a | •            |                                   |
|    |   |   |                          | For Debtor 1 | For Debtor 2 or non-filing spouse |
| 2. |   | y and commissions (before all pay<br>calculate what the monthly wage wo |                          | \$0.00       | \$0.00                            |
| 3. | Estimate and list monthly overting  | me pay.   |                          | \$0.00       | \$0.00                            |
| 4. | Calculate gross income. Add line  | e 2 + line 3.   |                          | \$0.00       | \$0.00                            |

 Official Form 106I
 Record #
 668937
 Schedule I: Your Income
 Page 1 of 2

Case 15-83070 Doc 1 Filed 12/11/15 Entered 12/11/15 13:08:10 Desc Main Document

Lewis Debtor 1

Henry First Name Middle Name Last Name Page 31 of 57

Case Number (if known) \_

|             |   |   |              | For Debtor 1              | For Debtor 2 or non-filing spouse |                       |
|-------------|---|---|--------------|---------------------------|-----------------------------------|-----------------------|
|             | Cop   | y line 4 here   | 4.           | \$0.00                    | \$0.00                            |                       |
| 5. I        | ₋ist all  | payroll deductions:   |              |                           |                                   |                       |
|             | 5a. 1   | Tax, Medicare, and Social Security deductions   | 5a.          | \$0.00                    | \$0.00                            |                       |
|             | 5b. <b>N</b>  | Mandatory contributions for retirement plans  | 5b.          | \$0.00                    | \$0.00                            |                       |
|             | 5c. <b>\</b>  | oluntary contributions for retirement plans   | 5c.          | \$0.00                    | \$0.00                            |                       |
|             | 5d. <b>F</b>  | Required repayments of retirement fund loans  | 5d.          | \$0.00                    | \$0.00                            |                       |
|             | 5e. <b>I</b>  | nsurance  | 5e.          | \$0.00                    | \$0.00                            |                       |
|             | 5f. <b>[</b>  | Domestic support obligations  | 5f.          | \$0.00                    | \$0.00                            |                       |
|             | 5g. <b>l</b>  | Jnion dues  | 5g.          | \$0.00                    | \$0.00                            |                       |
|             |   | Other deductions. Specify:  | 5h.          | \$0.00                    | \$0.00                            |                       |
| 6. <b>A</b> | dd the  | payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g +5h.  | 6.           | \$0.00                    | \$0.00                            |                       |
| 7. <b>C</b> | alcula  | te total monthly take-home pay. Subtract line 6 from line 4.  | 7.           | \$0.00                    | \$0.00                            |                       |
| 8. <b>L</b> | ist all   | other income regularly received:  |              |                           |                                   |                       |
|             | 8a.   | Net income from rental property and from operating a business,  |              |                           |                                   |                       |
|             |   | profession, or farm   |              |                           |                                   |                       |
|             |   | Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total                             |              |                           |                                   |                       |
|             |   | monthly net income.   | 8a.          | \$0.00                    | \$0.00                            |                       |
|             | 8b.   | Interest and dividends  | 8b.          | \$0.00                    | \$0.00                            |                       |
|             | 8c.   | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce | 8c           | \$ 0.00                   | \$ 0.00                           |                       |
|             |   | settlement, and property settlement.  |              |                           |                                   |                       |
|             | 8d.   | Unemployment compensation   | 8d.          | \$0.00                    | \$0.00                            |                       |
|             | 8e.   | Social Security   | 8e.          | \$1,678.00                | \$1,353.00                        |                       |
|             | 8f.   | Other government assistance that you regularly receive  | 8f.          | \$0.00                    | \$0.00                            |                       |
|             | 01.   | Include cash assistance and the value (if known) of any non-cash  | -            | Ψ0.00                     | Ψ0.00                             |                       |
|             |   | assistance that you receive, such as food stamps (benefits under the  |              |                           |                                   |                       |
|             |   | Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  |              |                           |                                   |                       |
|             | 8g.   | Pension or retirement income  | 8g.          | \$1,123.98                | \$121.46                          |                       |
|             | 8h.   | Other monthly income. Specify:  | 8h.          | \$0.00                    | \$0.00                            |                       |
| 9.          | Add   | <b>all other income</b> . Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.   | 9.           | \$2,801.98                | \$1,474.46                        |                       |
| 10.         |   | ulate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   | 10.          | \$2,801.98 +              | \$1,474.46                        | \$4,276.44            |
| 11.         | State   | e all other regular contributions to the expenses that you list in <i>Schedule</i>  | . <i>. l</i> |                           |                                   |                       |
|             |   | de contributions from an unmarried partner, members of your household, you  |              | ents, your roommates, and |                                   |                       |
|             | othe  | r friends or relatives.   |              |                           |                                   |                       |
|             |   | ot include any amounts already included in lines 2-10 or amounts that are n   |              |                           | Schedule J.                       |                       |
|             | Spec  | ify:  |              |                           | •                                 | 11. \$0.00            |
| 12.         | Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.  Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies |   |              |                           |                                   | 12. <b>\$4,276.44</b> |
| 13.         | Do y  | ou expect an increase or decrease within the year after you file this form  | ?            |                           |                                   |                       |
|             |   | No.<br>Yes. Explain:  |              |                           |                                   |                       |
|             |   |   |              |                           |                                   |                       |

| Check if this is:  | Fill in this in | formation to identify you | ur case:                  |                                |                         |                          |                         |        |
|--|-----------------|---------------------------|---------------------------|--------------------------------|-------------------------|--------------------------|-------------------------|--------|
| Decirity   Substitute   Decirity   Decirit   | Debtor 1        |                           |                           |                                |                         |                          |                         |        |
| United States Sanhoptey Court for the: MORTHERN DISTRICT OF ALLNOS.  Case Number Efficiency    MM / DD / YYYY   A separate filing for Debtor 2 because Debtor 2 maintains a separate household.    Schedule J: Your Expenses   12/14   | l               |                           |                           |                                |                         | ŭ                        | ost-petition chapter 13 |        |
| Case Number    Case Number   Case Number   Case   C |                 |                           |                           |                                | inc                     | come as of the following | g date:                 |        |
| Official Form 106J  Schedule J: Your Expenses  12/14  Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct information. If more space in needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.  It is this a joint case?    No. Got to line 2.   X yes. Dees Debtor 2 live in a separate bousehold?   X No. Got to line 2.   X yes. Dees Debtor 2 live in a separate bousehold?   X No. Do not list Debtor 1 and Debtor 2.   Yes. Pill out this information for each dependents?   Do not list Debtor 1 and Debtor 2.   Yes. Deservation of the dependent of the debtor 2.   X No.   Yes. Deservation of the dependent of the dependent of the dependent of the debtor 2.   X No.   Yes.   X No |                 |                           | NORTHERN DISTRICT OF      | F ILLINOIS                     | <br>MI                  | M / DD / YYYY            |                         |        |
| Schedule J: Your Expenses  Be a complete and accurate as possible, if two married people are filling together, both are equally responsible for supplying correct information. If more space in need, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.    I   Describe Your Novehold  |                 | r                         |                           | _                              |                         |                          |                         |        |
| Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.    Value   Describe Your Household  | Official F      | orm 106J                  |                           |                                |                         |                          |                         |        |
| more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every quiestion.    27   | Schedul         | e J: Your Exp             | oenses                    |                                |                         |                          |                         | 12/14  |
| 1. Is this a joint case?  No. Go to line 2.  X Yes. Does Debtor 2 live in a separate household?  X No. Go to line 2.  X Yes. Debtor 2 must file a separate Schedule J.  2. Do you have dependents? Do not list Debtor 1 and Debtor 2.  Do not list Debtor 1 and Debtor 2.  Do not state the dependents' names.  Dependent's relationship to Debtor 2 with you?  Yes   X No   Yes  | more space is i | needed, attach another s  |                           | = =                            |                         |                          |                         |        |
| No. Go to line 2.  X Yes. Does Debtor 2 live in a separate household?  X No.  Yes. Debtor 2 must file a separate Schedule J.  2. Do you have dependents?  Do not state the dependents' names.  Do not state the dependents' names.  Do not state the dependents' names.  3. Do your expenses include expenses of people other than yourself and your dependents?  Yes.  X No.  Ye |                 |                           |                           |                                |                         |                          |                         |        |
| X Yes. Does Debtor 2 live in a separate household?  X No.  |                 |                           |                           |                                |                         |                          |                         |        |
| 2. Do your expenses include expendents?  Do not state the dependents' anames.  3. Do your expenses include expenses of people other than yourself and your dependents?  Estimate Your Congoing Monthly Expenses  Estimate Your ongoing Monthly Expenses  Estimate Your oxpenses as of your bankruptcy filling date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J., check the box at the top of the form and fill in the applicable date.  Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your income (Official Form 106I.)  4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.  4. Real estate taxes  4a. \$500.00  4b. Property, homeowner's, or renter's insurance  4c. \$75.00  From the maintenance, repair, and upkeep expenses   |                 |                           | eparate household?        |                                |                         |                          |                         |        |
| 2. Do you have dependents? Do not list Debtor 1 and Debtor 2  Do not state the dependents' names.  3. Do your expenses include expenses of people other than yourself and your dependents?  Part 2: Estimate Your Ongoing Monthly Expenses  Estimate your expenses as of your bankruptcy filling date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy filling date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy filling date unless you know the value of such asplicable date.  Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106L)  4. The rental or home expenses for your residence. Include first mortgage payments and any rent for the ground or let.  14. S500.00  15. The rental or home expenses for your residence. Include first mortgage payments and any rent for the ground or let.  15. 4. S500.00  16. Property, homeowner's, or renter's insurance  16. S75.00  17. No  18. No  19. Ves  18. No  19. Ves  19. No  19. Ves  20. No  20. Ves  20. Ves  20. No  20. Ves  20. Ves  20. No  20. Ves  20. No  20. Ves  20. No  20. Ves  20. Ves  20. No  20. Ves  20. No  20. Ves  20. Ves  20. Ves  20. No  20. Ves  20. V |                 | X No.                     |                           |                                |                         |                          |                         |        |
| Do not list Debtor 1 and Debtor 2.  Do not list Debtor 1 and Debtor 2.  Do not state the dependents' names.  Do not state the dependents' names.  Do not state the dependents' names.  3. Do your expenses include expenses of people other than yourself and your dependents?  Estimate Your Ongoing Monthly Expenses  Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of your bankruptcy filing date unless you will be applicable date.  Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106L)  4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.  If not included in line 4:  4a. Real estate taxes  4b. Property, homeowner's, or renter's insurance  4c. Home maintenance, repair, and upkeep expenses  4c. \$75.00  |                 | Yes. Debtor 2 must        | file a separate Schedule  | e J.                           |                         |                          |                         |        |
| Do not list Debtor 1 and Debtor 2.  Do not state the dependents' names.  3. Do your expenses include expenses of people other than your expenses of people other than your state and yet of the form and fill in the applicable date.  Estimate Your ongoing Monthly Expenses  Estimate Your ongoing Monthly Expenses of a date after the bankruptcy filling date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filled. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.  Include expenses pald for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106L)  4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.  If not included in line 4:  4a. Real estate taxes  4a. \$0.00  4b. Property, homeowner's, or renter's insurance  4c. Home maintenance, repair, and upkeep expenses   | 2. Do you h     | nave dependents?          | X No                      |                                | •                       |                          |                         |        |
| Do not state the dependents' names.  |                 |                           |                           |                                | Debtor 1 or Debtor 2    |                          |                         |        |
| names.    X No   Yes   X No   X No   Yes   X No   X No  | Do not st       | tate the dependents'      | odon dopone               |                                |                         |                          | Yes                     |        |
| 3. Do your expenses include expenses of people other than yourself and your dependents?    Stimate Your Ongoing Monthly Expenses   |                 | ato the depondente        |                           |                                |                         |                          | <b>X</b> No             |        |
| 3. Do your expenses include expenses of people other than yourself and your dependents?    Stimate Your Ongoing Monthly Expenses   |                 |                           |                           |                                |                         |                          | Yes                     |        |
| 3. Do your expenses include expenses of people other than yourself and your dependents?    Part 2:   Estimate Your Ongoing Monthly Expenses  |                 |                           |                           |                                |                         |                          | X No                    |        |
| 3. Do your expenses include expenses of people other than yourself and your dependents?    Part 2:   Estimate Your Ongoing Monthly Expenses  |                 |                           |                           |                                |                         |                          | Yes                     |        |
| 3. Do your expenses include expenses of people other than yourself and your dependents?    Part 2:   Estimate Your Ongoing Monthly Expenses  |                 |                           |                           |                                |                         |                          | X No                    |        |
| 3. Do your expenses include expenses of people other than yourself and your dependents?  Part 2: Estimate Your Ongoing Monthly Expenses  Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.  Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106L)  4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.  If not included in line 4:  4a. Real estate taxes  4b. Property, homeowner's, or renter's insurance  4c. Home maintenance, repair, and upkeep expenses  |                 |                           |                           |                                |                         |                          |                         |        |
| 3. Do your expenses include expenses of people other than yourself and your dependents?  Estimate Your Ongoing Monthly Expenses  Estimate Your ongoing Monthly Expenses  Estimate your expenses as of your bankruptcy filling date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filled. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.  Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106L)  4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.  4. Real estate taxes  4a. \$0.00  4b. Property, homeowner's, or renter's insurance  4c. \$75.00   |                 |                           |                           |                                |                         |                          | No                      |        |
| expenses of people other than yourself and your dependents?    Part 2:   Estimate Your Ongoing Monthly Expenses  |                 |                           |                           |                                |                         |                          | Yes                     |        |
| Estimate Your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental <i>Schedule J</i> , check the box at the top of the form and fill in the applicable date.  Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on <i>Schedule I: Your Income</i> (Official Form 106L)  4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.  4. \$500.00  If not included in line 4:  4a. Real estate taxes  4b. Property, homeowner's, or renter's insurance  4c. \$75.00   |                 | •                         | H                         |                                |                         |                          |                         |        |
| Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental <i>Schedule J</i> , check the box at the top of the form and fill in the applicable date.  Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on <i>Schedule I: Your Income</i> (Official Form 106L)  4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.  4. \$500.00  If not included in line 4:  4a. Real estate taxes  4b. Property, homeowner's, or renter's insurance  4c. \$75.00   | yourself        | and your dependents?      | Yes                       |                                |                         |                          |                         |        |
| expenses as of a date after the bankruptcy is filed. If this is a supplemental <i>Schedule J</i> , check the box at the top of the form and fill in the applicable date.  Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on <i>Schedule I: Your Income</i> (Official Form 106I.)  4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.  4. \$500.00  If not included in line 4:  4a. Real estate taxes  4b. \$0.00  4b. Property, homeowner's, or renter's insurance  4c. \$75.00   | Part 2:         | Estimate Your Ongoing Mo  | nthly Expenses            |                                |                         |                          |                         |        |
| the applicable date.  Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106L)  4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.  4. \$500.00  If not included in line 4:  4a. Real estate taxes  4b. Property, homeowner's, or renter's insurance  4c. Home maintenance, repair, and upkeep expenses   | -               |                           |                           |                                |                         | -                        |                         |        |
| of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)  4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.  4. \$500.00  If not included in line 4:  4a. Real estate taxes  4b. Property, homeowner's, or renter's insurance  4c. Home maintenance, repair, and upkeep expenses  |                 |                           | picy is med. If this is a | supplemental Schedule 3, c     | neck the box at the top | or the form and fin in   |                         |        |
| 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.  4. \$500.00  If not included in line 4:  4a. Real estate taxes  4b. Property, homeowner's, or renter's insurance  4c. Home maintenance, repair, and upkeep expenses  4d. \$75.00   |                 |                           | =                         | <del>-</del>                   |                         |                          | Your expenses           |        |
| any rent for the ground or lot.  If not included in line 4:  4a. Real estate taxes  4b. Property, homeowner's, or renter's insurance  4c. Home maintenance, repair, and upkeep expenses  4d. \$500.00  4d. \$500.00  4d. \$0.00  |                 |                           |                           | ,                              |                         | -                        | той охроново            |        |
| If not included in line 4:  4a. Real estate taxes  4b. Property, homeowner's, or renter's insurance  4c. Home maintenance, repair, and upkeep expenses  4d. \$0.00  4c. \$75.00  |                 | -                         | xpenses for your reside   | ence. Include first mortgage p | payments and            | 4                        | \$50                    | 00.00  |
| 4b. Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses 4d. \$75.00   |                 | _                         |                           |                                |                         |                          |                         |        |
| 4b. Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses 4d. \$75.00   | 4a. Re          | eal estate taxes          |                           |                                |                         | 4a.                      | 5                       | \$0.00 |
| 4c. Home maintenance, repair, and upkeep expenses 4c. \$75.00  |                 |                           | enter's insurance         |                                |                         |                          |                         |        |
| 4d. Homeowner's association or condominium dues 4d. \$0.00   |                 |                           |                           |                                |                         | 4c.                      | \$7                     | 75.00  |
|  | 4d. Ho          | meowner's association o   | r condominium dues        |                                |                         | 4d.                      |                         | \$0.00 |

Entered 12/11/15 13:08:10 Desc Main Case 15-83070 Doc 1 Filed 12/11/15 Page 33 of 57

Case Number (if known) \_\_

\$

20e

0.00

Document Henry

Lewis

Debtor 1

First Name Middle Name Last Name Your expenses \$0.00 5 Additional Mortgage payments for your residence, such as home equity loans 6. **Utilities:** \$300.00 6a. 6a. Electricity, heat, natural gas \$0.00 6b. Water, sewer, garbage collection \$240.00 Telephone, cell phone, internet, satellite, and cable service \$ 0.00 Other. Specify: 6d. \$750.00 7. 7. Food and housekeeping supplies \$0.00 8. 8. Childcare and children's education costs \$150.00 9. Clothing, laundry, and dry cleaning \$70.00 10. 10. Personal care products and services \$220.00 11. Medical and dental expenses 11. \$415.00 **Transportation.** Include gas, maintenance, bus or train fare. 12. Do not include car payments. \$100.00 13. Entertainment, clubs, recreation, newspapers, magazines, and books Charitable contributions and religious donations 14. \$0.00 14. 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. \$0.00 15a. 15a Life insurance \$312.00 15b. Health insurance 15b. \$100.00 15c. Vehicle insurance 15c. \$0.00 15d. 15d. Other insurance. Specify: 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. \$0.00 16 17. Installment or lease payments: \$455.00 17a. 17a. Car payments for Vehicle 1 \$0.00 17b. Car payments for Vehicle 2 17b \$0.00 17c. 17c. Other. Specify:\_ \$0.00 17d. Other. Specify: 17d. 18. Your payments of alimony, maintenance, and support that you did not report as deducted \$0.00 from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. 19. Other payments you make to support others who do not live with you. \$0.00 19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. \$ 0.00 20a. Mortgages on other property 20a. 20b. \$ 0.00 20b. Real estate taxes \$ 0.00 20c. 20c. Property, homeowner's, or renter's insurance \$ 0.00 20d. 20d. Maintenance, repair, and upkeep expenses

Official Form 106J Record # 668937 Schedule J: Your Expenses Page 2 of 3

20e. Homeowner's association or condominium dues

Lewis Henry Debtor 1 Case Number (if known) \_ First Name Middle Name Last Name \$60.00 21. Other. Specify: Pet Care (\$50.00), Postage/Bank Fees (\$10.00), 21. \$3,747.00 22.. Your monthly expense: Add lines 4 through 21. 22. The result is your monthly expenses. 23. Calculate your monthly net income. \$4,276.44 23a. 23a. Copy line 12 (your comibined monthly income) from Schedule I. \$3,747.00 23b. Copy your monthly expenses from line 22 above. 23b.-\$529.44 23c. Subtract your monthly expenses from your monthly income. 23c. The result is your monthly net income. 24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? X No Explain Here: Yes.

Official Form 106J Record # 668937 Schedule J: Your Expenses Page 3 of 3

Case 15-83070 Doc 1 Filed 12/11/15 Entered 12/11/15 13:08:10 Desc Main Document Page 35 of 57

| Fill in this in           | formation to ide | entify your case:                       |                  |
|---------------------------|------------------|---|------------------|
| Debtor 1                  | Lewis            | Henry                                   | Dammann          |
|                           | First Name       | Middle Name                             | Last Name        |
| Debtor 2                  | Joyce            | Elaine                                  | Dammann          |
| (Spouse, if filing)       | First Name       | Middle Name                             | Last Name        |
|                           |                  | for the : <u>NORTHERN</u> District of _ | ILLINOIS (State) |
| Case Number<br>(If known) | •                |   | _                |

## Official Form 106 Dec

#### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Sign Below  |   |  |  |  |  |  |  |  |
|---|---|--|--|--|--|--|--|--|
| Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? |   |  |  |  |  |  |  |  |
| No  |   |  |  |  |  |  |  |  |
| Yes. Name of Person   | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |  |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |  |
| Under penalty of perjury, I declare that I have read the summary an correct.                      | d schedules filed with this declaration and that they are true and                            |  |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |  |
| ✗ /s/ Lewis Henry Dammann 🗶   | /s/ Joyce Elaine Dammann  |  |  |  |  |  |  |  |
| Signature of Debtor 1   | Signature of Debtor 2   |  |  |  |  |  |  |  |
| 40/07/0045  | 40/07/0045  |  |  |  |  |  |  |  |
| Date 12/07/2015<br>MM / DD / YYYY   | Date 12/07/2015<br>MM / DD / YYYY   |  |  |  |  |  |  |  |
| ואווא / טט / זזזז   | ואואו / טט / דודו   |  |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |  |

Case 15-83070 Filed 12/11/15 Entered 12/11/15 13:08:10 Desc Main Doc 1

(State)

Page 36 of 57 Document Fill in this information to identify your case: Debtor 1 Lewis Henry Dammann Elaine Dammann Debtor 2 Joyce (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the : <u>NORTHERN</u> District of <u>ILLINOIS</u>

> Check if this is an amended filing

# Official Form 107

Case Number

(If known)

#### Statement of Financial Affairs for Individuals Filing for Bankruptcy

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct

| information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case<br>number (if known). Answer every question. |                               |                                    |                               |                                    |  |  |  |
|---|-------------------------------|------------------------------------|-------------------------------|------------------------------------|--|--|--|
| Part 1: Give Details About Your Marital Status an   | d Where You Lived Before      |                                    |                               |                                    |  |  |  |
| 01. What is your current marital status?  |                               |                                    |                               |                                    |  |  |  |
| Married   |                               |                                    |                               |                                    |  |  |  |
| Not married   |                               |                                    |                               |                                    |  |  |  |
| 02 During the last 3 years, have you lived anywhere other than where you live now?  |                               |                                    |                               |                                    |  |  |  |
| ■ No.  ☐ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.  |                               |                                    |                               |                                    |  |  |  |
| Tes. List all of the places you lived in the last of  | years. Do not include wit     | ere you live now.                  |                               |                                    |  |  |  |
| Debtor 1  | Dates Debtor                  | 1 Debtor 2:                        |                               | Dates Debtor 2                     |  |  |  |
| 02 Wishing the least 0 commended to some live with a  | lived there                   |                                    | itit-                         | lived there                        |  |  |  |
| 03 Within the last 8 years, did you ever live with a s<br>property states and territories include Arizona,<br>and Wisconsin.)   |                               |                                    |                               |                                    |  |  |  |
| No.   |                               |                                    |                               |                                    |  |  |  |
| Yes. Make sure you fill out Schedule H: Your 0  | Codebtors (Official Form 10   | 6H).                               |                               |                                    |  |  |  |
|   |                               |                                    |                               |                                    |  |  |  |
| Explain the Sources of Your Income  |                               |                                    |                               |                                    |  |  |  |
| Did you have any income from employment or f<br>Fill in the total amount of income you received from  | •                             |                                    |                               |                                    |  |  |  |
| If you are filing a joint case and you have income  | -                             | <del>-</del> -                     |                               |                                    |  |  |  |
| No.   |                               |                                    |                               |                                    |  |  |  |
| Yes. Fill in the details  |                               |                                    |                               |                                    |  |  |  |
|   | Debtor 1<br>Sources of income | Gross income                       | Debtor 2<br>Sources of income | Gross income                       |  |  |  |
|   | Check all that apply          | (before deductions and exclusions) | Check all that apply          | (before deductions and exclusions) |  |  |  |
|   |                               |                                    |                               |                                    |  |  |  |
|   |                               |                                    |                               |                                    |  |  |  |
|   |                               |                                    |                               |                                    |  |  |  |
|   |                               |                                    |                               |                                    |  |  |  |
|   |                               |                                    |                               |                                    |  |  |  |
|   |                               |                                    |                               |                                    |  |  |  |
|   |                               |                                    |                               |                                    |  |  |  |
|   |                               |                                    |                               |                                    |  |  |  |

Case 15-83070 Doc 1 Filed 12/11/15 Entered 12/11/15 13:08:10 Desc Main Document Page 37 of 57

Debtor 1 Lewis Henry Dammann Case Number (if known) First Name Middle Name Last Name 05 Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. No. Yes. Fill in the details Debtor 1 Debtor 2 Sources of income Sources of income Gross income **Gross income** Describe below. (before deductions and Describe below. (before deductions and exclusions) exclusions) Social Security \$18,458 Social Security \$14,883 From January 1 of current year until Pension \$12,363 Pension \$1,457 the date you filed for bankruptcy: Social Security \$16,800 Social Security \$13,200 For last calendar year: \$1,457 Pension \$13,487 Pension (January 1 to December 31, 2014) Social Security Social Security \$16,800 \$12,200 For last calendar year: Pension \$13,487 Pension \$1,457 (January 1 to December 31, 2013) Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

Case 15-83070 Doc 1 Filed 12/11/15 Entered 12/11/15 13:08:10 Desc Main Document Page 38 of 57

Lewis Henry Dammann Case Number (if known) \_ Debtor 1 First Name Middle Name Last Name Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,225\* or more? No. Go to line 7.  $\prod$  Yes. List below each creditor to whom you paid a total of \$6,225\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. \* Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Dates of Total amount paid Amount you still owe Was this payment for... payments Bank of America \$1,461 \$62,871 Mortgage Car 1800 Tapo Canyon Rd., Simi Credit card Valley, CA 93063 Loan repayment Suppliers or vendors Other Generations Credit Union \$1,362 \$15,609 Mortgage Car 5618 Harrison Ave., Rockford, IL Credit card 61108 Loan repayment Suppliers or vendors Other \_\_\_\_ Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. No. Yes. List all payments to an insider. Dates of **Total amount** Amount you still Reason for this payment payment paid

Case 15-83070 Doc 1 Filed 12/11/15 Entered 12/11/15 13:08:10 Desc Main Document Page 39 of 57

| Debtor 1      | Lewis                            | Henry  | Dammann                   |  | Case Number (if known)       |                           |   |
|---------------|----------------------------------|--|---------------------------|--|------------------------------|---------------------------|---|
|               | First Name                       | Middle Name  | Last Name                 |  |                              |                           |   |
|               |                                  | u filed for bankruptcy, did you  | u make any payments o     | r transfer any property                          | on account of a debt that    | benefited                 |   |
|               | insider?                         | abto guarantand or agaigned  | hu an incider             |  |                              |                           |   |
| - 1119        | iude payments on de              | ebts guaranteed or cosigned  | by an insider.            |  |                              |                           |   |
|               | No.                              |  |                           |  |                              |                           |   |
|               | Yes. List all paymer             | nts to an insider.   |                           |  |                              |                           |   |
|               |                                  |  | Dates of                  | Total amount                                     | Amount you still             | Reason for this payment   |   |
|               |                                  |  | payment                   | paid   | owe                          | Include creditor's name   |   |
| Part          | 4 Identify Legal a               | actions, Repossessions, and F  | oreclosures               |  |                              |                           |   |
| 09 W          | ithin 1 year before yo           | u filed for bankruptcy, were y   | ou a party in any lawsui  | t, court action, or adm                          | inistrative proceeding?      |                           | _ |
|               |                                  | cluding personal injury cases  | , small claims actions, d | ivorces, collection sui                          | ts, paternity actions, suppo | ort or custody            |   |
| m             | odifications, and conti          | ract disputes.   |                           |  |                              |                           |   |
|               | No.                              |  |                           |  |                              |                           |   |
|               | Yes. Fill in the detai           | ls.  |                           |  |                              |                           |   |
|               |                                  |  | Nature of the case        | Court o  | r agency                     | Status of the case        |   |
|               |                                  | u filed for bankruptcy, was ar<br>d fill in the details below.                               | ny of your property repo  | ssessed, foreclosed, ç                           | garnished, attached, seized  | d, or levied?             |   |
|               | No. Go to line 11                |  |                           |  |                              |                           |   |
|               | Yes. Fill in the inform          | mation below.  |                           |  |                              |                           |   |
|               |                                  |  |                           |  |                              |                           |   |
|               | -                                | you filed for bankruptcy, did<br>yment because you owed a                                    | -                         | g a bank or financial                            | institution, set off any am  | nounts from your accounts |   |
|               | No. Go to line 11                |  |                           |  |                              |                           |   |
|               | Yes. Fill in the inform          | mation below.  |                           |  |                              |                           |   |
| 12 <b>W</b> i | thin 1 year before yo            | u filed for bankruptcy, was  | any of your property in   | the possession of a                              | n assignee for the benefit   | t of creditors, a         |   |
| со            | urt-appointed receive            | er, a custodian, or another o  | official?                 |  |                              |                           |   |
|               | No.                              |  |                           |  |                              |                           |   |
| L             | Yes.                             |  |                           |  |                              |                           |   |
| Part          | 5 List Certain Gif               | ts and Contributions   |                           |  |                              |                           |   |
| 13 <b>W</b>   | ithin 2 years before y           | ou filed for bankruptcy, did   | l you give any gifts with | n a total value of mor                           | e than \$600 per person?     |                           |   |
|               | No.                              |  |                           |  |                              |                           |   |
|               | Yes. Fill in the detai           | Is for each gift   |                           |  |                              |                           |   |
| _             |                                  | ou filed for bankruptcy, did   | I you give any gifts or o | contributions with a t                           | otal value of more than \$6  | 500 to any charity?       |   |
| _             | •                                | ou mou for build uptoy, ald  | . you give any gine or t  | ontinuationo with a t                            | otal value of more than pe   | oo to any onanty .        |   |
|               | No.                              |  |                           |  |                              |                           |   |
| L             | Yes. Fill in the detai           | is for each giπ.   |                           |  |                              |                           |   |
| Dom           | List Certain Lo                  | ESAS   |                           |  |                              |                           |   |
| Part          | <b>6</b> ; = 100 CO1 tulii = 200 |  |                           |  |                              |                           |   |
|               | •                                | ou filed for bankruptcy or si  | nce you filed for bankr   | uptcy, did you lose a                            | nything because of theft,    | fire, other disaster, or  |   |
| ga<br>        | mbling?<br>-                     |  |                           |  |                              |                           |   |
| _             | No.                              |  |                           |  |                              |                           |   |
| L             | Yes. Fill in the detai           | ls for each gift.  |                           |  |                              |                           |   |
|               | Lint Contain Do                  |  |                           |  |                              |                           |   |
| Part          | List Certain Pa                  | yments or Transfers  |                           |  |                              |                           |   |
| ab            | out seeking bankrup              | ou filed for bankruptcy, did y<br>otcy or preparing a bankrup<br>bankruptcy petition prepare | tcy petition?             |  |                              | · · · · ·                 |   |
|               | ] No.                            | . h % b  | ,                         | <b>5 5</b> • • • • • • • • • • • • • • • • • • • |                              |                           |   |
|               | Yes. Fill in the detai           | le   |                           |  |                              |                           |   |
|               | 100. I iii iii tile detai        |  |                           |  |                              |                           |   |
|               |                                  |  |                           |  |                              |                           |   |
|               |                                  |  |                           |  |                              |                           |   |
|               |                                  |  |                           |  |                              |                           |   |
|               |                                  |  |                           |  |                              |                           |   |

Case 15-83070 Doc 1 Filed 12/11/15 Entered 12/11/15 13:08:10 Desc Main Page 40 of 57 Document Lewis Henry Dammann Case Number (if known) Debtor 1 First Name Middle Name Last Name Amount of payment Party Contact Info Description and value of any property transferred Date payment or transfer Geraci Law L.L.C. Payment/Value: \$2,495.00: \$715.00 55 E. Monroe Street #3400 paid prior to filing, balance to be paid Chicago,IL 60603 after case filing. Party Contact Info Date payment Description and value of any property transferred Amount of payment or transfer Credit Counseling Services 2015 Hananwill Credit Counseling \$25.00 115 N. Cross St. Robinson, IL 62454 17 Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. Yes. Fill in the details. 18 Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. Yes. Fill in the details for each gift. 19 Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) Yes. Fill in the details for each gift. List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage

houses, pension funds, cooperatives, associations, and other financial institutions.

Yes. Fill in the details.

Last 4 digits of account number

Type of account or instrument

Date account was closed, sold, moved, or transferred

Last balance before closing or transfer

Case 15-83070 Doc 1 Filed 12/11/15 Entered 12/11/15 13:08:10 Desc Main Document Page 41 of 57

Lewis Henry Dammann Case Number (if known) Debtor 1 First Name Middle Name Last Name 21 Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? No. Yes. Fill in the details. Who else had access to it? Describe the contents Do you still 22 Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? No. Yes. Fill in the details. Who else has or had access to it? Describe the contents Do you still have it? **Identify Property You Hold or Control for Someone Else** Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. No Yes. Fill in the details. Where is the property? Describe the property Value **Give Details About Environmental Information** Part 10: For the purpose of Part 10, the following definitions apply: Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24 Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? No. Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice 25 Have you notified any governmental unit of any release of hazardous material? No. Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice 26 Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. Yes. Fill in the details. Nature of the case Status of the case Court or agency Give Details About Your Business or Connections to Any Business Part 11: 27 Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time A member of a limited liability company (LLC) or limited liability partnership (LLP) A partner in a partnership An officer, director, or managing executive of a corporation An owner of at least 5% of the voting or equity securities of a corporation

Case 15-83070 Doc 1 Filed 12/11/15 Entered 12/11/15 13:08:10 Desc Main Document Page 42 of 57

|          | Lourio                 | Honny                           | Document                    | Paye 42 01 57  |
|----------|------------------------|---------------------------------|-----------------------------|--|
| Debtor 1 | Lewis First Name       | Henry  Middle Name              | Dammann<br>Last Name        | Case Number (if known)   |
|          |                        |                                 |                             |  |
|          | No. None of the abo    | ove applies. Go to Part 12.     |                             |  |
|          | Yes. Check all that    | apply above and fill in the det | tails below for each busine | ess.   |
|          |                        |                                 |                             |  |
|          |                        |                                 | you give a financial stat   | ement to anyone about your business? Include all financial   |
| ins      | stitutions, creditors, | or other parties.               |                             |  |
|          | No.                    |                                 |                             |  |
|          | Yes. Fill in the detai | ls.                             |                             |  |
|          |                        | Date is:                        | sued                        |  |
| Part 1   | 2 Sign Below           |                                 |                             |  |
|          |                        |                                 |                             | nments, and I declare under penalty of perjury that the  |
| ansv     | wers are true and co   | rrect. I understand that mak    | ing a false statement, co   | ncealing property, or obtaining money or property by fraud   |
| in co    | onnection with a bar   | kruptcy case can result in f    | ines up to \$250.000. or in | nprisonment for up to 20 years, or both.   |
|          | J.S.C. §§ 152, 1341, 1 | • •                             |                             | ······································   |
|          | , ,                    | ,                               |                             |  |
|          |                        |                                 |                             |  |
| ×        | /s/ Lewis Henry I      | Dammann                         | 🗶 /s/ J                     | oyce Elaine Dammann  |
|          | Signature of Debtor    |                                 |                             | ture of Debtor 2   |
|          |                        |                                 |                             |  |
|          | Date 12/07/2015        |                                 | Date                        | _12/07/2015  |
|          | MM / DD /              | YYYY                            |                             | MM / DD / YYYY   |
|          |                        |                                 |                             |  |
| Did      | you attach additiona   | al pages to Your Statement of   | of Financial Affairs for In | dividuals Filing for Bankruptcy (Official Form 107)?   |
|          | No                     |                                 |                             |  |
| _        |                        |                                 |                             |  |
| Ц        | Yes                    |                                 |                             |  |
| Did      | you pay or agree to    | pay someone who is not an       | attorney to help you fill   | out bankruptcy forms?  |
|          |                        |                                 |                             |  |
| _        | No                     |                                 |                             |  |
|          | Yes. Name of perso     | n                               |                             | Attach the Bankruptcy Petition Preparer's Notice,  Declaration, and Signature (Official Form 119). |
|          |                        |                                 |                             | Declaration, and Signature (Umicial Form 119)  |

Entered 12/11/15 13:08:10 Desc Main Fill in this information to identify your case: Henry Dammann Lewis Debtor 1 Middle Name First Name Last Name Elaine Dammann Joyce Debtor 2 Middle Name Last Name (Spouse, if filing) United States Bankruptcy Court for the : <u>NORTHERN DISTRICT OF ILLINOIS WESTERN</u> DIVISION District of ILLINOIS Check if this is an amended filing

#### Official Form 108

### **Statement of Intention for Individuals Filing Under Chapter 7**

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- $\blacksquare$  you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors,

whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information.

Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

**List Your Creditors Who Have Secured Claims** Part 1: 1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below. Identify the creditor and the property that is collateral What do you intend to do with the property that Did you claim the property secures a debt? as exempt on Schedule C? ☐ Surrender the property Creditor's □ No name: **Bank of America Mortgage** Retain the property and redeem it Yes Retain the property and enter into a Description of 3134 Vinton Ave Rockford IL 61101 - Primary Reaffirmation Agreement. property Residence securing debt: Retain the property and [explain]: \_\_\_\_ Creditor's Surrender the property □ No name: **Generations Credit Union** Retain the property and redeem it Yes Retain the property and enter into a GMC Envoy 2008 0.00 Description of Reaffirmation Agreement. property securing debt: Retain the property and [explain]: Creditor's ☐ Surrender the property □ No name: Retain the property and redeem it ☐ Yes Retain the property and enter into a Description of Reaffirmation Agreement. property Retain the property and [explain]: securing debt: Creditor's ☐ Surrender the property □ No name: Retain the property and redeem it ☐ Yes Retain the property and enter into a Description of Reaffirmation Agreement. property securing debt: Retain the property and [explain]:

Case 15-83070

Doc 1

Filed 12/11/15 Entered 12/11/15 13:08:10

Document Page 44 of 57 Page 44 of 57

Desc Main

First Name

List Your Unexpired Personal Property Leases

| Е.  | For any unevnired personal preparty lease that you listed in Schedule Cr. Evecutery Contracts and Unevnired Leases (Official Form 106C)  |   |                            |  |  |  |
|---|--|---|----------------------------|--|--|--|
| For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), |  |   |                            |  |  |  |
| fill  | in the information below. Do not list real estate leases. <i>Unexpir</i>   | red leases are leases that are still in effect; the lease period has not yo | et                         |  |  |  |
| en  | ded. You may assume an unexpired personal property lease if t  | he trustee does not assume it. 11 U.S.C. § 365(p)(2).                       |                            |  |  |  |
|   |  |   |                            |  |  |  |
|   | Describe your unexpired personal property leases   |   | Will the lease be assumed? |  |  |  |
|   | _essor's name:   |   | □ No                       |  |  |  |
|   |  |   | □ Yes                      |  |  |  |
|   | Description of leased  |   | ☐ fes                      |  |  |  |
|   | property:  |   |                            |  |  |  |
| _   | <u> </u>   |   |                            |  |  |  |
|   | _essor's name:   |   | □ No                       |  |  |  |
| .   |  |   | <del></del>                |  |  |  |
|   | Description of leased  |   | Yes                        |  |  |  |
|   | property:  |   |                            |  |  |  |
|   |  |   |                            |  |  |  |
|   |  |   | П.,                        |  |  |  |
|   | _essor's name:   |   | □No                        |  |  |  |
| '   |  |   | Yes                        |  |  |  |
|   | Description of leased  |   |                            |  |  |  |
|   | property:  |   |                            |  |  |  |
|   |  |   | _                          |  |  |  |
|   | _essor's name:   |   | □No                        |  |  |  |
| '   |  |   | □Yes                       |  |  |  |
|   | Description of leased  |   |                            |  |  |  |
|   | property:  |   |                            |  |  |  |
|   |  |   |                            |  |  |  |
|   | _essor's name:   |   | □No                        |  |  |  |
| '   |  |   | □Yes                       |  |  |  |
|   | Description of leased  |   |                            |  |  |  |
|   | property:  |   |                            |  |  |  |
| $\vdash$  |  |   |                            |  |  |  |
|   | _essor's name:   |   | □No                        |  |  |  |
| -   |  |   | <del>_</del>               |  |  |  |
|   | Description of leased  |   | ☐Yes                       |  |  |  |
|   | property:  |   |                            |  |  |  |
| _   | · ·  |   |                            |  |  |  |
|   | _essor's name:   |   | □ No                       |  |  |  |
|   | - Cooci o Hame.  |   |                            |  |  |  |
|   | Description of leased  |   | Yes                        |  |  |  |
|   | property:  |   |                            |  |  |  |
|   |  |   |                            |  |  |  |
|   |  |   |                            |  |  |  |
| P   | art 3: Sign Below  |   |                            |  |  |  |
| 110   | annually of national desired by the state of |   |                            |  |  |  |
|   | er penalty of perjury, I declare that I have indicated my intentio   | n about any property of my estate that secures a debt and any               |                            |  |  |  |
| per   | onal property that is subject to an unexpired lease.   |   |                            |  |  |  |
|   |  |   |                            |  |  |  |
| x   | /s/ Lewis Henry Dammann  | /s/ Joyce Elaine Dammann  |                            |  |  |  |
|   | Signature of Debtor 1  | Signature of Debtor 2   |                            |  |  |  |
|   | Date Dated: 12/07/2015   | Date Dated: 12/07/2015  |                            |  |  |  |
|   | MM / DD / YYYY   | MM / DD / YYYY  |                            |  |  |  |

Case 15-83070 Doc 1 Filed 12/11/15 Entered 12/11/15 13:08:10 Desc Main Page 45 of 57 Document

B2030 (Form 2030) (12/15)

# United States Bankruptcy Court NORTHERN DISTRICT OF ILLINOIS WESTERN DIVISION

| In re                                       |                                       |   |              |                     |                        |
|---|---------------------------------------|---|--------------|---------------------|------------------------|
|   | nd Joyce Elaine Dammann /             |   | Case No:     |                     |                        |
| Debtors                                     |                                       |   | Chapter:     | Chapter 7           |                        |
|   | DISCLOSURE OF CO                      | MPENSATION OF ATTORNEY  | FOR DEB      | TOR                 |                        |
| compensation paid to me wi                  | ithin one year before the filing of   | (b), I certify that I am the attorney for<br>the petition in bankruptcy, or agreed<br>mplation of or in connection with the | d to be paid | l to me, for servi  | ces                    |
| For legal services, I ha                    | ave agreed to accept                  | \$2,495.00  |              |                     |                        |
| Prior to the filing of th                   | nis statement I have received         | <u>\$715.00</u>   |              |                     |                        |
| Balance Due                                 |                                       | \$1,780.00  |              |                     |                        |
| 2. The source of the comp                   | pensation paid to me was:             |   |              |                     |                        |
| Debtor(s)                                   | Other: (specify                       |   |              |                     |                        |
|   | sation to be paid to me is:           |   |              |                     |                        |
| _   | _                                     |   |              |                     |                        |
| Debtor(s)                                   | Other: (specify                       |   |              |                     |                        |
| I have not agreed of my law firm.           | to share the above-disclosed com      | pensation with any other person unle  | ess they are | e members and a     | ssociates              |
| I have agreed to s                          | hare the above-disclosed compen       | sation with a other person or persons   | s who are n  | not members or a    | ssociates              |
| 5. In return for the above-case, including: | disclosed fee, I have agreed to re    | nder legal service for all aspects of t   | he bankrup   | otcy                |                        |
| a. Analysis of the de pankruptcy;           | btor's financial situation, and ren   | dering advice to the debtor in determ   | nining whe   | ether to file a pet | ition in               |
| b. Preparation and fi                       | ling of any petition, schedules, sta  | atements of affairs and plan which m  | nay be requ  | nired;              |                        |
| c. Representation of                        | the debtor at the meeting of credi    | itors and confirmation hearing, and a   | any adjourr  | ned hearings ther   | reof;                  |
| 6. By agreement with the                    | debtor(s), the above-disclosed fe     | e does not include the following serv   | vice:        |                     |                        |
| Fee does <b>NOT</b> inclu                   | ide missed meeting or court           | dates, amendments to schedules,   | adversary    | complaints or       | conversions to another |
| chapter, judicial lien avoida               | nces, dischargeability actions, oth   | ner contested matters except the first  | meeting of   | f creditors.        |                        |
|   |                                       | CERTIFICATION   |              |                     | ]                      |
|   |                                       | e statement of any agreement or arran   | ngement fo   | or                  |                        |
| payment to<br>me for rep                    | oresentation of the debtor(s) in this | s bankruptcy proceedings.   |              |                     |                        |
| -   | 2/10/2015                             | /s/ Daniel Fasman   |              |                     |                        |
| Date  |                                       | Signature of Attorney   | -            |                     |                        |
|   |                                       | Geraci Law L.L.C.   |              |                     |                        |
|   |                                       | Name of law firm  |              |                     |                        |

Page 1 of 1 668937 Record #

#### Geraci Law L.L.C.

Castational Government of the Month of the Street #8401 Shica to 11 12 12 12 13 12 15 103: Office of the Son Main

Date: 8/11/2015

Consultation Ment : Frame 46 of 57

Record #: 668-937



#### **Chapter 7 Retainer Agreement**

The undersigned hires Geraci Law L.L.C. and its associated attorneys for representation in a Chapter 7 bankruptcy under the following terms and conditions:

Attorney fees for the Chapter 7 bankruptcy are \$ 3-6 . This amount does NOT INCLUDE court filing fees of \$335, or costs for credit counseling or financial management classes. This fee is based on the anticipated amount of work required to complete my case, and upon the information I have provided to date. If any information is incomplete or incorrect, the advice or Chapter may have to change, and this fee may have to be adjusted. This fee includes all work in the representation of my normal Chapter 7, including preparation of my bankruptcy petition, schedules and other documents, first 341 meeting, reaffirmations, normal correspondence with my creditors and myself, but does NOT include excessive work caused by you, missed 341 meetings, reopening the case. amendments to schedules, work on audits or asset cases, objections to exemptions, conversion to another chapter, evidentiary hearings, other contested matters or motions, or adversary proceedings, because these cannot be predicted in setting a flat fee. For work done on these matters, we bill between \$275/hr and \$450/hr for attorney time, based on the attorney doing the work, and \$85 to \$125/hr paralegal time. I agree that more than one attorney and paralegal will work on my case.

Fees are "flat fees" and "advance payment retainers" for pre-filing work, become property of this firm on payment, and are deposited into the firm's operating account. Payments are applied to the "flat fee". You may elect to be billed on an hourly basis, but we have found a flat fee is cheaper and benefits you. If this contract is terminated by either party prior to the filing of the case, the firm will refund unearned fees based on the above rates with an accounting, and on request, submit any dispute to binding arbitration within 30 days. If I close my file or breach this contract I agree to pay for the work done to that time. I assign to my attorney all amounts tendered as filing fees or court costs and authorize my attorney to transfer said funds from his trust account to his operating account in payment of all outstanding fees owed by me if case is not filed.

I understand that bankruptcy laws only allow me to protect a certain amount of my property, and if I have any unprotected property, I understand my Chapter 7 Trustee can sell it if I do not or cannot buy out the Trustee's interest and that the U.S. Trustee may object to my filing a Chapter 7 if they believe I have excess income and should be filing a Chapter 13.

I agree to fully cooperate with my attorneys and provide all information requested at any point during the case. I understand that if I do not fully cooperate or provide complete and accurate information, my attorneys may withdraw from representation of me, with the permission of the Court.

If I have secured debts that I wish to retain (mortgages, financed vehicles or other financed property) that I may be required to sign a reaffirmation agreement with the creditor in order to keep the property, and I must remain current on my payments. Many mortgage and car companies refuse to reaffirm the debt but we have found that if you keep up your payments you keep the property anyway.

Debts not discharged if they not paid in full: student loans; educational debts & tuition; most tax debts: unfiled, trust fund or late filed tax; undisclosed debts; support/maintenance debts; fines, debts incurred by fraud, or after the case is filed, future condo/HOA dues,or debts listed in your red or green folder as usually not discharged, or found non-dischargeable by a Judge.

Representation limited to Bankruptcy Court We don't represent you in state court, or loan modifications or similar matters.

I cannot transfer any property or incur any credit or debt without the express permission of my attorney or the Court and I must make full disclosure of all income, expenses, debts and assets in my initial consultation and on my bankruptcy petition.

I understand that if I fail to take my financial management class after filing but before discharge, my case may be closed without a discharge, and I will be required to pay fees and costs to have it reopened. I have received the 11U.S.C § 527(a) disclosures.

Attorney for the Debtor(s), Representing Geraci Law L.L.C. rev 150511

Case 15-83070 Doc 1 Filed 12/11/15 Entered 12/11/15 13:08:10 Desc Main Document Page 47 of 57

## UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS WESTERN DIVISION

In re

Lewis Henry Dammann and Joyce Elaine Dammann / Debtors

Bankruptcy Docket #:

Judge:

#### **VERIFICATION OF CREDITOR MATRIX**

The above named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of our knowledge.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Dated: 12/07/2015 /s/ Lewis Henry Dammann

**Lewis Henry Dammann** 

X Date & Sign

Dated: 12/07/2015

/s/ Joyce Elaine Dammann

**Joyce Elaine Dammann** 

X Date & Sign

<sup>\*</sup> Joint debtors must provide information for both spouses. Penalty for making a false statement or concealing property: Fine up to \$500,000 or up to 5 years imprisonment or both. 18 U.S.C. 152 and 3571.

B 201A (Form 201A) (11/11)

Document Page 48 of 57 In re Lewis Henry Dammann and Joyce Elaine Dammann / Debtors

#### UNITED STATES BANKRUPTCY COURT

## NOTICE TO CONSUMER DEBTOR(S) UNDER §342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly- addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

#### 1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days before the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

#### 2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

#### Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total fee \$335

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are

Record # 668937 B 201A (Form 201A) (11/11) Page 1 of 2

### Case 15-83070 Doc 1 Filed 12/11/15 Entered 12/11/15 13:08:10 Desc Main

Page 2

Form B 201A, Notice to Consumer Debtor(s)

Document Page 49 of 57 In re Lewis Henry Dammann and Joyce Elaine Dammann / Debtors

found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

## <u>Chapter 13</u>: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

#### Chapter 11: Reorganization (\$1,167 filing fee, \$550 administrative fee: Total fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

#### Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

#### 3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The

| Dated: 12/07/2015 | /s/ Lewis Henry Dammann  |
|-------------------|--------------------------|
|                   | Lewis Henry Dammann      |
| Dated: 12/07/2015 | /s/ Joyce Elaine Dammann |
|                   | Joyce Elaine Dammann     |
| Dated: 12/10/2015 | /s/ Daniel Fasman        |
|                   | Attorney: Daniel Fasman  |

Record # 668937 Form B 201A, Notice to Consumer Debtor(s) Page 2 of 2

Case 15-83070 Doc 1 Filed 12/11/15 Entered 12/11/15 13:08:10 Desc Main Document Page 50 of 57

|            | Lowie  | Henry Damr  | nann Case  | Number (if known)  |   |
|------------|--|---|--|--|---|
| or 1       | LeWis<br>First Name                                | Middle Name Last Nam  |  |  |   |
|            |  |   |  |  |   |
| <b>t</b> 6 | Answer These Questions                             | s for Reporting Purposes  |  |  |   |
| _          | Vhat kind of debts do ou have?                     | 16a. Are your debts primal as "incurred by an individi                                  | rily consumer debts? Consumer de<br>ual primarily for a personal, family, or h       | bts are defined in 11 U.S.C. § 101(8)<br>ousehold purpose."                                  |   |
|            |  | Yes. Go to line 17.   |  |  |   |
|            |  | 16b. Are your debts prima<br>money for a business or                                    | rily business debts? Business debt<br>investment or through the operation of         | ts are debts that you incurred to obtain the business or investment.                         |   |
|            |  | No. Go to line 16c. Yes. Go to line 17.   |  |  |   |
|            |  | 16c. State the type of debts y  | ou owe that are not consumer debts or  | business debts.  |   |
|            |  |   |  |  | *************************************** |
|            | Are you filing under<br>Chapter 7?                 | No. I am not filing unde  |  |  |   |
|            | Do you estimate that after                         | Yes. I am filing under C administrative exp   | hapter 7.  Do you estimate that after ar<br>enses are paid that funds will be availa | ny exempt property is excluded and ble to distribute to unsecured creditors?                 |   |
|            | any exempt property is excluded and                | No.   |  |  |   |
|            | administrative expenses                            | Yes.  |  |  |   |
|            | are paid that funds will be                        | <del></del>   |  |  |   |
|            | available for distribution to unsecured creditors? |   |  |  |   |
| ********   |  | <b>1</b> -49  | 1,000-5,000  | 25,001-50,000  |   |
|            | How many creditors do you estimate that you        | <b>□</b> 50-99  | 5,001-10,000   | <b>5</b> 0,001-100,000   |   |
|            | owe?   | 100-199   | 10,001-25,000  | ☐ More than 100,000  |   |
|            | OHC.   | 200-999   |  |  | *************************************** |
| -          |  |   | \$1,000,001-\$10 million   | n □\$500,000,001-\$1 billion   |   |
| ).         | How much do you                                    | ☐ \$0-\$50,000<br>■ \$50,001-\$100,000  | □ \$10,000,001-\$50 milli  |  |   |
|            | estimate your assets to                            | \$100,001-\$500,000   | □ \$50,000,001-\$100 mil   |  |   |
|            | be worth?  | \$500,001-\$3 million   | □ \$100,000,001-\$500 m  |  |   |
|            |  |   | □ \$1,000,001-\$10 millio  | n 🔲 \$500,000,001-\$1 billion  |   |
| Э.         | How much do you                                    | \$0-\$50,000  | □ \$10,000,001-\$50 milli  |  |   |
|            | estimate your liabilities                          | \$50,001-\$100,000  | \$50,000,001-\$100 mi  |  |   |
|            | to be?   | \$100,001-\$500,000   | □ \$100,000,001-\$100 m  |  |   |
|            |  | ☐ \$500,001-\$1 million   |  | _  |   |
| Pa         | rt 7: Sign Below                                   |   |  |  |   |
| ог         | you  | correct.  |  | that the information provided is true and  |   |
|            |  | If I have chosen to file under<br>of title 11, United States Coo<br>under Chapter 7.    | Chapter 7, I am aware that I may produce. I understand the relief available und      | eed, if eligible, under Chapter 7, 11,12, or 13<br>der each chapter, and I choose to proceed |   |
|            |  | If no attorney represents me<br>this document, I have obtain                            | e and I did not pay or agree to pay som<br>ned and read the notice required by 11    | eone who is not an attomey to help me fill out<br>U.S.C. § 342(b).                           |   |
|            |  |   | e with the chapter of title 11, United St  |  |   |
|            |  | I understand making a false<br>with a bankruptcy case can<br>18 U.S.C. §§ 152, 1341, 15 | result in fines up to \$250,000, or impri  | taining money or property by fraud in connection sonment for up to 20 years, or both.        |   |
|            |  | * Report of Dahler  | Jan J  | * Joyce & Hamman<br>Signification of Debtor 2  | n                                       |
|            |  | Signature of Debtor (   | ,5,10045   | 5 12015  |   |
|            |  | Executed on 10  | 10 12010   | Executed on For 12013  MM / DD / YYYY  |   |

Doc 1 Filed 12/11/15 Entered 12/11/15 13:08:10 Desc Main Case 15-83070 Page 51 of 57 Document

## Official Form 106 Dec

## **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Sign Below  |   |  |  |  |  |
|---|---|--|--|--|--|
| Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? |   |  |  |  |  |
| No  | Device December Notice Declaration and  |  |  |  |  |
| Yes. Name of Person   | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |  |  |  |  |
|   |   |  |  |  |  |
|   |   |  |  |  |  |
|   |   |  |  |  |  |
| Under penalty of perjury, I declare that I have read the summary and schedules file $\dot{\cdot}$ | ed with this declaration and that they are true and   |  |  |  |  |
| correct.  |   |  |  |  |  |
| * Frence P (non) * Oure   | & Hamman  |  |  |  |  |
| Signature of Debtor 1  Signature of Debtor 1  | ebtor 2   |  |  |  |  |
| Date 12 15 12015 Date 12  | <u>/ \$/2015</u>  |  |  |  |  |
| MM / DD / YYYY  | ייווי ל טכ  |  |  |  |  |

## Case 15-83070 Doc 1 Filed 12/11/15 Entered 12/11/15 13:08:10 Desc Main Document Page 52 of 57

| Debtor 1                                      | Lewis                       | Henry                    | Dammann  | Case Number (if known)   |
|---|-----------------------------|--------------------------|--|--|
|   | First Name                  | Middle Name              | Last Name  |  |
| <b>6</b> 000000000000000000000000000000000000 |                             | Desc                     | ribe the nature of the business  | Employer Identification number   |
| •   |                             |                          |  | Do not include Social Security number or   |
| •   |                             |                          |  | EIN:   |
| •   |                             | <del></del>              |  |  |
|   |                             | <del></del>              | of accountant or bookkeeper  | Dates business existed   |
|   |                             | Name                     | Di accomitant di bookkeeper  |  |
|   |                             | ****                     |  | From To  |
|   |                             |                          |  |  |
|   |                             | <b></b>                  |  |  |
|   | hin 2 years before you t    |                          | d you give a financial statement to a  | nyone about your business? Include all financial   |
|   | No.                         |                          |  | ***************************************  |
|   | Yes. Fill in the details.   |                          |  | ***************************************  |
| Ь   | res. I ill ill the details. | Date i                   | ssued  |  |
|   |                             |                          |  | ***  |
|   |                             |                          | <u> </u>   | ***************************************  |
|   |                             |                          |  | ***************************************  |
|   |                             |                          |  | 000000000000000000000000000000000000000  |
|   |                             |                          |  | A CONTRACTOR OF THE CONTRACTOR |
|   |                             | <del></del>              |  |  |
|   |                             |                          |  | ***************************************  |
|   |                             |                          |  | 200  |
|   |                             |                          |  |  |
| Part 1  | 2: Sign Below               |                          |  |  |
|   |                             |                          |  |  |
| l hav   | e read the answers on       | this Statement of Final  | ncial Affairs and any attachments, a   | nd I declare under penalty of perjury that the   |
| ansv  | vers are true and corre     | ct. I understand that ma | aking a false statement, concealing<br>i fines up to \$250,000, or imprisonm | property, or obtaining money or property by fraud<br>ent for up to 20 years, or both.  |
| 18 U  | .s.c. §§ 152, 1341, 1519    | ), and 3571.             | Times up to 4200,000, or improve   | •  |
|   | 33,,                        | •                        |  | ^  |
| 330007784                                     | 12 . "                      | ~ <i>\</i> ?             | ^  | E Wannan<br>S 12015  |
| ×   | Signature of Debtor 1       | amos                     | × Jace   | 2 Nammann  |
|   | Signature of Debtor 1       | ··                       | Signature of De  | btor 2   |
|   |                             |                          | 0 1,2  | <i>C</i>   |
|   | Date 120                    | 015                      | Date <u>/人/</u>  | <u> /2015</u>  |
|   | MM / DD / YY                | YY                       | , MM / D   | D / YYYY   |
|   |                             |                          |  |  |
| Did   | you attach additional p     | ages to Your Statemen    | t of Financial Affairs for Individuals                                       | Filing for Bankruptcy (Official Form 107)?   |
|   |                             |                          |  |  |
|   | No                          |                          |  |  |
|   | Yes                         |                          |  |  |
| Did   | you pay or agree to pay     | y someone who is not a   | an attorney to help you fill out bankr                                       | ruptcy forms?  |
|   | No                          |                          |  |  |
|   |                             |                          |  | . Attach the Bankruptcy Petition Preparer's Notice,  |
|   | res. Name of person_        |                          |  | Declaration, and Signature (Official Form 119).  |
|   |                             | 4                        |  |  |

Case 15-83070 Doc 1

Filed 12/11/15 Document

Entered 12/11/15 13:08:10 Desc Main Page 53 of 57

| Debtor | 1 |  |
|--------|---|--|

Lewis

Dammann

Case Number (if known)

Part 2:

Middle Name

List Your Unexpired Personal Property Leases

| or any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Unicial Form 1995),            |
|--|
| ill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet |
| ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).                             |
|  |

| Describe your unexpired personal property leases | Will the lease be assumed? |
|--|----------------------------|
| Lessor's name:                                   | □ No                       |
| Description of leased property:                  | Yes                        |
| Lessor's name:                                   | □ No                       |
| Description of leased property:                  | Yes                        |
| Lessor's name:                                   | □ No                       |
| Description of leased property:                  | Yes                        |
| Lessor's name:                                   | □No                        |
| Description of leased property:                  | ☐Yes                       |
| Lessor's name:                                   | □No                        |
| Description of leased property:                  | ∐Yes                       |
| Lessor's name:                                   | □No                        |
| Description of leased property:                  | Yes                        |
| Lessor's name:                                   | □ No                       |
| Description of leased property:                  | Yes                        |

Sign Below

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

Date Dated:/1

## DISCLAIMER Debtors have read and agree:

- Divorce or family support debts to a spouse, ex-spouse, child, guardian ad litem or similar person or entity in connection with a separation agreement, divorce decree or court order are not dischargable. Priority support debts must be paid in full in your Chapter 13 or it cannot be confirmed. DEBTS YOU AGREED TO ASSUME IN MARITAL SETTLEMENT AGREEMENTS are NON-DISCHARGEABLE if your ex-spouse files an adversary complaint, and the Judge rules that (a) you do not have the ability to pay the debt OR (b) discharging such debt would result in a benefit to you that outweighs the detriment to ex-spouse or your child. You agree to get advice in writing from your divorce attorney and send to us with copy of agreement. You must list any ex-spouse or spouse as a creditor. No guarantee any divorce debt is dischargeable. Property you are still on title to, or have a right to in a divorce, may be taken by a Bankruptcy trustee in a Chapter 7 and sold, or may be disposable income in a 13.
- Student loans and educational benefits are not discharged in Chapter 7 or 13 if government insured loan or owed to non-profit school unless you pay us to file a complaint within the bankruptcy to prove repayment would be an "undue hardship", and win. Interest on student loans continue to run while you are in a Chapter 13.
- Cosigners, joint applicants, debts of persons other than debtor, debts incurred during marriage in community property states, or for family support are not discharged and joint, community or co-signers are not protected from collection unless you pay 100% of the debt. Creditors can collect from co-signors and put your bankruptcy on their credit report, and report them negatively to credit bureaus. You may prevent this by making the regular payments to the creditor. Creditors can liquidate collateral of your co-signer and refuse to continue payment in installments. Property you are joint on with other persons can be LIQUIDATED to pay your creditors.
- TAX DEBTS. Most taxes are not discharged in bankruptcy. However, income tax debt (1040 type tax) can be discharged if the following four rules are met: (1). The tax return was DUE at least 3 YEARS (plus extensions) before the filing of your bankruptcy case. (2). You FILED your income tax return at least 2 YEARS before your bankruptcy was filed. (You did not file a return if the tax authority or IRS had to file one for you, or if you didn't send the return to the District Director) (3). You did not wilfully intend to evade the tax. (4). The tax must have been ASSESSED over 240 DAYS before the bankruptcy filing. We recommend you meet with the IRS or state department of revenue to make sure all the conditions have been met, before you hire us or file a bankruptcy. Fraudulent taxes and taxes on unfiled returns can be discharged in a Chapter 13 case. Time in an offers in compromise, & time in bankruptcy plus 6 months, will extend the above time periods. Employers' share of FICA & FUTA is dischargeable, but not trust fund taxes like the employee's funds or sales tax.
- 5. Fines, traffic tickets, parking tickets, penalties to governmental unit are not discharged in Chapter 7, may not be discharged in 13 without full payment.
- 6. Non filing spouse: If you file individually, your spouse is not our client. Only your debts are discharged. If you want to protect a non-filing spouse, pay their bills or file a joint case with them. Family expenses (medical bills, rent and necessities may be collected from a non-filing spouse). Wisconsin, community property is liable for community debts. 7. DUI PERSONAL INJURIES, DEBTS YOU DON'T LIST are not discharged.
- 8. DEBTS where creditors successfully object to discharge may survive Creditors, the Trustee, or Court, can try to deny discharge based on many factors,
- a. Income sufficient to pay a percentage of your unsecured debt. b. Failure to keep books and records documenting your financial affairs. c. Luxury purchases or cash advances within 60 days of filing or without intent or ability to repay. d. Debts you made by false pretenses, breach of fiduciary duty, wilful and malicious injuries to others e. Benefit overpayments like aid or unemployment if a determination of fraud has been made before or during bankruptcy. f. Failure to appear at meetings, court dates, or co-operate with the Trustee.
- 9. INTEREST ON NON-DISCHARGEABLE DEBTS in a Chapter 13 continues to accrue, and CREDITORS WHO DO NOT FILE CLAIMS in your Chapter 13 plan within 90 days (180 days for governmental units) of the meeting of creditors, do not get paid. Your plan and their claim should provide for interest at contract rate, or you will have to pay the debt outside the Chapter 13 plan. Property taxes must be paid by you directly to avoid sale for delinquent taxes.
- 10. LIQUIDATION OF REAL AND PERSONAL PROPERTY. If you file a Chapter 7, any property that is not listed and claimed exempt on Schedule C pursuant to state or federal law is taken and sold by the trustee to pay creditors. You agree to assume the risk that your property will be taken and sold by the bankruptcy trustee (at or less than what it is worth) if we can't protect it under applicable state law. You get a discharge, but the trustee can take property not listed and exempted on schedules B and C and sell it for whatever price will provide some benefit to creditors.
- 11. CHANGE IN LAWS. Laws & court cases change constantly. We can file your case today if you pay us in full (some attorneys give credit, we don't) pay the filing fee and sign your petition in our main office. ANY DELAY either in hiring us, or after, IS YOUR REPSONSIBILITY. ADVERSE RULINGS Judges that sit in adjoining courtrooms can rule differently on the same facts. We can predict but can't guarantee a judge will or will not rule against you. You accept the risk of a judge ruling against you, as in any lawsuit.
- 12. PAYMENTS TO CREDITORS YOU PREFERRED to pay more than \$600 in front of others, within 1 yr if a relative or insider, or within 90 days if another creditor, so don't pay off debts to keep credit cards or protect others. TRANSFERS OF PROPERTY within 4 years that made you unable to pay your debts at the time can be reversed by a Trustee and the transferee will have to give back the property you transferred.
- 13. SURRENDER OF PROPERTY Bankruptcy gets rid of debts, but real estate, condos and time shares remain in your name until a foreclosure sale or the lender accepts a deed in lieu of foreclosure. Turn condo keys over to condo association or remain liable for assessments after filing, and make sure you keep buildings & land insured and maintained and secured until it is taken back by lender or out of your name. If you let a house go vacant and pipes explode or someone gets killed in there you may be liable.
- 14. RIGHT TO RECEIVE inheritances, tax refunds, injury claims, compensation of any kind, insurance or realty commissions, are property of the bankruptcy estate and you will surrender these to the trustee unless they are claimed exempt on Schedule C, and no objection to your claim of exemption is upheld. Do not deduct extra money from taxes so you are entitled to a refund, change your W-9 if necessary.
- 15. JOINT ACCOUNT HOLDERS holders entire amount in the account could be taken by the trustee under Chapter 7.
- 16. MARRIED COUPLES GOING THROUGH DIVORCE: We have been advised to seek independent counsel for our bankruptcy. We understand that Peter Francis Geraci does not represent us with regard to any divorce matters and does not make any representations regarding what will happen in divorce court. We have decided to file a bankruptcy together dispite the fact that we are getting a divorce and our interests could be adverse. We have agreed to cooperate with each other in this joint bankruptcy.
- 17. AUTO LEASES & INSTALLMENT AGREEMENTS to purchase things, leases and almost all contracts will be void after bankruptcy. They are "executory contracts", and if they are of no benefit to the bankruptcy estate and not assumed within 60 days of filing, they are void. Debtors have been warned of this, and unless there is a novation under state law, or agreement not to use bankrptcy to void the contract, the debtors rights under the contract are extinguished. Debtor agrees to be responsible for obtaining such agreements or losing rights under such contracts. Debtor agrees that his or her attorney will not file motions to assume such contracts.
- 18. Setoffs if you have money in a credit union or creditor account, or other loans that cross-collateralized, any money or property may be taken for both loans. The Undersigned have read the above & assume the risk that a debt is not discharged in bankruptcy, that our non-exempt property will be taken and sold by the bankruptcy trustee if it can't be protected, that the trustee might object if I/we have excess income, or change in State, Federal or Bankruptcy laws before the case is filed in Court AND WE HAVE TO READ, CHECK, & MAKE SURE OUR PETITION IS ACCURATE!!!!

Lewis Henry Dammann

X Date & Sign

Dated: 12 / 5 /2015

X Date & Sign

Case 15-83070 Doc 1 Filed 12/11/15 Entered 12/11/15 13:08:10 Desc Main Document Page 55 of 57

# UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS WESTERN DIVISION

In re

Lewis Henry Dammann and Joyce Elaine Dammann / Debtors

Bankruptcy Docket #:

Judge:

## VERIFICATION OF CREDITOR MATRIX

The above named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of our knowledge.

| 1 DECLARE UND                                      | R PENALTY OF PERJURY THAT THE FOREGOING IS TRUE | AND CORRECT:  |
|--|---|---------------|
| Dated: <u>                                    </u> | Lewis Henry Dammann                             | X Date & Sign |
| Dated: <u> </u>                                    | Juger & Hammann  Joyce Elaine Dammann           | X Date & Sign |

<sup>\*</sup> Joint debtors must provide information for both spouses. Penalty for making a false statement or concealing property: Fine up to \$500,000 or up to 5 years imprisonment or both. 18 U.S.C. 152 and 3571.

## Case 15-83070 Doc 1 Filed 12/11/15 Entered 12/11/15 13:08:10 Desc Main Document Page 56 of 57

| Debtor 1                                    | Lewis                                     | Henry   | Dammann  | Case Number (if known)                    |                               |   |  |
|---|---|---|--|---|-------------------------------|---|--|
| Debioi                                      | First Name                                | Middle Name   | Last Name  |   |                               | vvionada                                |  |
|   | •   |   |  | Column A                                  | Column B                      | W0000000                                |  |
|   |   |   |  | Debtor 1                                  | Debtor 2 or non-filing spouse | *************************************** |  |
|   |   |   |  |   |                               | *************************************** |  |
| o Ilmon                                     | ployment compe                            | ensation  |  | \$0.00                                    | \$0.00                        | *************************************** |  |
| D   | t antor the amous                         | et if you contend that the amount re                                    | eceived was a benefit  |   | <del></del>                   | ***                                     |  |
| unde  | the Social Secur                          | ity Act. Instead, list it here:   |  |   |                               | *************************************** |  |
| For   | /ou                                       |   |  |   |                               |   |  |
| For   | our spouse                                |   |  |   |                               | ***                                     |  |
|   |   |   |  |   |                               | ******                                  |  |
| 9. Pen                                      | sion or retirement<br>efit under the Soci | t income. Do not include any amou                                       | ınt received that was a  | \$1,124.00                                | \$122.00                      | *************************************** |  |
| }   |   |   | the second amount  |   |                               | *************************************** |  |
| i   | at indicate envise                        | r sources not listed above. Specifine its received under the Social Se  | CILLIA YCI OL DAVILLELII'S LECE                                | ived                                      |                               |   |  |
|   | viotim of a war or                        | ime, a crime against humanity, or I                                     | nternational or domestic                                       |   |                               | *************************************** |  |
| 1   |   | y, list other sources on a separate                                     | Jage and put the total on in-                                  | \$0.00                                    | \$ 0.00_                      |   |  |
|   |   |   |  | \$ 0.00                                   | \$0.00                        | *************************************** |  |
|   |   |   |  | <del></del>                               | \$0.00                        | *                                       |  |
| 10c.  | Total amounts fro                         | om separate pages, if any.  |  | \$0.00                                    | φυ.υυ                         |   |  |
| 11. Cal                                     | culate your total o                       | current monthly income. Add lines                                       | 2 through 10 for each  | \$1,124.00                                | + \$122.00 =                  | \$1,246.00                              |  |
| coir  | mn. Then add the                          | e total for Column A to the total for                                   | Column B.  | Reconstruction                            |                               | *************************************** |  |
|   |   |   |  |   |                               | *************************************** |  |
|   |   | Whether the Means Test Applies to                                       | Vou  |   |                               | *************************************** |  |
| Part 2                                      |   |   |  |   |                               |   |  |
| 12. Cal                                     | culate your curre                         | ent monthly income for the year. F                                      | ollow these steps:   | Copy line 11 here                         | 12a.                          | \$1,246.00                              |  |
| 12a   |   |   | I I  |   | \$                            | x 12                                    |  |
|   | Multiply by 12 (                          | (the number of months in a year).                                       |  |   | 12b.                          |   |  |
| 12b   | . The result is yo                        | our annual income for this part of th                                   | e form.  |   | 120.                          | \$14,952.00                             |  |
| 13 Cal                                      | culate the media                          | n family income that applies to yo                                      | u. Follow these steps:   |   |                               |   |  |
| 10. 04                                      |   |   |  | <del></del>                               |                               |   |  |
| Fill  | in the state in whi                       | ich you live.   | <u> </u>   |   |                               |   |  |
| Eill  | in the number of                          | people in your household.   | 2  |   |                               | ****                                    |  |
|   |   |   |  |   | 13.                           | \$63,820.00                             |  |
| Fill  | in the median fan                         | nily income for your state and size                                     | of household   | 1. 1                                      | 13.                           | \$03,020.00                             |  |
| То  | find a list of applic                     | cable median income amounts, go<br>orm. This list may also be available | online using the link specific<br>at the bankruptcy clerk's of | ed in the separate<br>fice.               |                               |   |  |
| ins   | tructions for this it                     | oilli. Tilis list may also be available                                 |  |   |                               |   |  |
| 14. Ho                                      | w do the lines co                         | ompare?   |  |   |                               |   |  |
|   |   |   | top of page 1, check box 1                                     | , There is no presumption of abuse.       |                               |   |  |
| 148   | Go to Part 3                              |   |  |   |                               | •                                       |  |
| 141   | o. Line 12b is r                          | more than line 13. On the top of pa                                     | ge 1, check box 2, The pres                                    | sumption of abuse is determined by Foп    | n 22A-2.                      |   |  |
| Go to Part 3 and fill out Form 22A-2.       |   |   |  |   |                               |   |  |
| Part  |   | ·   |  |   |                               |   |  |
|   | By signing he                             | re, I declare under penalty of perju                                    | ry that the information on thi                                 | is statement and in any attachments is tr | ue and correct.               |   |  |
|   | $\nabla$                                  | ~ 1)  | )  | S (1)                                     |                               |   |  |
| Lower Thomas Joyce & Nammans                |   |   |  |   |                               |   |  |
| Lewis Henry Dammann // Joyce Elaine Dammann |   |   |  |   |                               |   |  |
|   |   |   |  | V V .                                     |                               |   |  |
|   | Date:: _                                  | <u>/2                                    </u>                           |  | Date:: 121_5_/2015                        |                               |   |  |
|   | If you checke                             | d line 14a, do NOT fill out or file Fo                                  | orm 22A-2.   |   |                               |   |  |
| ***************************************     | If you checke                             | d line 14b, fill out Form 22A-2 and                                     | file it with this form.  |   |                               |   |  |

Form B 201A, Notice to Consumer Debtor(s)

In re Lewis Henry Dammann and Joyce Elaine Dammann / Debtors

Page 2

found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

### Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

## Chapter 11: Reorganization (\$1,167 filling fee, \$550 administrative fee: Total fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

## Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

## 3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The

| Dated: 12 15 /2015 | Lewis Henry Dammann    | X Date & Sign                          |
|--------------------|------------------------|--|
| Dated: (2) 5 /2015 | Joyce Elaine Dammann   | X Date & Sign                          |
| Dated: 12,5 /2015  |                        | <del>-</del>                           |
|                    | Attorney: David Fasman | Nation to Consumer Debtor(s) Page 2 of |

668937 Record #

Form B 201A, Notice to Consumer Debtor(s)

Page 2 of 2